

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF PENNSYLVANIA**

JORDAN BRESLOW,

Plaintiff,

v.

METROPOLITAN LIFE INSURANCE
COMPANY,

Defendant.

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: Civil Action No. 20-cv-4896
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NOTICE OF REMOVAL

Pursuant to 28 U.S.C. § 1441 and 28 U.S.C. § 1446, defendant Metropolitan Life Insurance Company (“MetLife”), by way of its undersigned counsel, files this Notice of Removal of this action currently pending in the Court of Common Pleas of Montgomery County, Pennsylvania. As grounds for removal, MetLife states as follows:

1. On September 2, 2020, *pro se* plaintiff Jordan Breslow initiated this action by filing a Civil Complaint in the Court of Common Pleas of Montgomery County, Pennsylvania against defendant MetLife. A copy of the Civil Complaint (“Complaint”), with the Notice to Defend and Civil Cover Sheet, is attached as **Exhibit 1**.¹ The action was docketed at No. 12844642.

2. MetLife received the Complaint on September 15, 2020 via its undersigned counsel and its counsel agreed to accept service on that date.

3. Exhibit 1 constitutes all other state court pleadings and process received by MetLife.

¹ Personal identifiers are partially redacted in accordance with Rule 5.1.3 of the Local Rules of Civil Procedure of the United States District Court for the Eastern District of Pennsylvania.

Removal Under 28 U.S.C. §§ 1446(b)(3) and 1446(c)

4. In accordance with 28 U.S.C. § 1446(b)(3), this Notice of Removal is timely as it is being filed within thirty (30) days after MetLife received a copy of the Complaint, which is the first paper setting forth the claim for relief upon which plaintiff is proceeding and plaintiff's claim for damages.

5. The state court where this case was originally filed is located in Montgomery County, which is within the Eastern District of Pennsylvania.

6. Removal of this action is proper under 28 U.S.C. § 1441(a) because this is an action over which this Court would have original jurisdiction, pursuant to 28 U.S.C. § 1332(a).

Jurisdiction Under 28 U.S.C. § 1332(a)

7. Pursuant to 28 U.S.C. § 1332(a), district courts have original jurisdiction over any action where the matter in controversy exceeds the sum or value of \$75,000, exclusive of interest and costs, and there is complete diversity of citizenship.

8. Plaintiff alleges in the Complaint that he resides in King of Prussia, Pennsylvania and, upon information and belief, is a resident and citizen of the Commonwealth of Pennsylvania. *See* Exhibit 1, Compl., caption.

9. Defendant MetLife was at the time of the commencement of this action, and is now, an insurance company organized under the laws of the State of New York with its principal place of business at 200 Park Avenue, New York, NY 10166. *See* Exhibit 1, Compl., caption.

10. Because plaintiff is a citizen of Pennsylvania and because MetLife is a citizen of a state other than Pennsylvania, complete diversity exists between the parties. See 28 U.S.C. § 1332(a)(1), (a)(2).

11. Considering that the plaintiff demands compensatory damages of \$279,405.01 of allegedly unpaid life insurance death benefits and also demands punitive damages of \$220,000.00, the amount in controversy is in excess of \$75,000, exclusive of interest and costs. *See* Exhibit 1, Compl., p. 1.

12. Thus, the requirements for diversity jurisdiction are satisfied.

13. A copy of this Notice of Removal will be filed promptly with the Court of Common Pleas of Montgomery County, Pennsylvania and served upon plaintiff. See 15 U.S.C. § 1446(d).

WHEREFORE, defendant Metropolitan Life Insurance Company respectfully requests that this Court assume jurisdiction of this case and issue such further orders and processes as may be necessary to bring before it all parties necessary for the trial hereof.

McCARTER & ENGLISH, LLP

Dated: October 5, 2020

By: /s/ Penelope M. Taylor
Penelope M. Taylor, Esquire
PA Attorney ID No. 325513
1600 Market Street, Suite 3900
Philadelphia, PA 19103
T: (973) 639-7947
F: (973) 297-3837
ptaylor@mccarter.com

Attorneys for Defendant Metropolitan Life
Insurance Company

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the Notice of Removal and Disclosure Statement of Metropolitan Life Insurance Company was e-filed via ECF this 5th day of October 2020, and was served via U.S. First Class Mail upon the following:

Jordan Breslow
550 American Ave.
Suite 203
King of Prussia, PA 19102
Pro se Plaintiff

/s/ Penelope M. Taylor
Penelope M. Taylor

EXHIBIT 1

Supreme Court of Pennsylvania

Court of Common Pleas
Civil Cover SheetMontgomery

County

For Prothonotary Use Only:

Docket No:

MAIL RECEIVED

PROTHONOTARY

MONTGOMERY COUNTY

The information collected on this form is used solely for court administration purposes. This form does not supplement or replace the filing and service of pleadings or other papers as required by law or rules of court.

2020 SEP - 2 A 10:11

Commencement of Action:

- ☒ Complaint ☐ Writ of Summons
☐ Transfer from Another Jurisdiction

- ☐ Petition
☐ Declaration of Taking

Lead Plaintiff's Name:

Jordan Breslow

Lead Defendant's Name:

Metropolitan Life Insurance CompanyAre money damages requested? ☒ Yes ☐ NoDollar Amount Requested: ☐ within arbitration limits
(check one) \$149,405.01 ☒ outside arbitration limitsIs this a Class Action Suit? ☐ Yes ☒ NoIs this an MDJ Appeal? ☐ Yes ☒ No

Name of Plaintiff/Appellant's Attorney:

☒ Check here if you have no attorney (are a Self-Represented [Pro Se] Litigant)

Nature of the Case:

Place an "X" to the left of the ONE case category that most accurately describes your **PRIMARY CASE**. If you are making more than one type of claim, check the one that you consider most important.

TORT (do not include Mass Tort)

- ☐ Intentional
☐ Malicious Prosecution
☐ Motor Vehicle
☐ Nuisance
☐ Premises Liability
☐ Product Liability (does not include mass tort)
☐ Slander/Libel/Defamation
☐ Other:

CONTRACT (do not include Judgments)

- ☐ Buyer Plaintiff
☐ Debt Collection: Credit Card
☐ Debt Collection: Other

- ☐ Employment Dispute: Discrimination
☐ Employment Dispute: Other

☒ Other:Insurance

CIVIL APPEALS

- Administrative Agencies
☐ Board of Assessment
☐ Board of Elections
☐ Dept. of Transportation
☐ Statutory Appeal: Other

- ☐ Zoning Board
☐ Other:

MASS TORT

- ☐ Asbestos
☐ Tobacco
☐ Toxic Tort - DES
☐ Toxic Tort - Implant
☐ Toxic Waste
☐ Other:

REAL PROPERTY

- ☐ Ejectment
☐ Eminent Domain/Condemnation
☐ Ground Rent
☐ Landlord/Tenant Dispute
☐ Mortgage Foreclosure: Residential
☐ Mortgage Foreclosure: Commercial
☐ Partition
☐ Quiet Title
☐ Other:

MISCELLANEOUS

- ☐ Common Law Statutory Arbitration
☐ Declaratory Judgment
☐ Mandamus
☐ Non-Domestic Relations
☐ Restraining Order
☐ Quo Warranto
☐ Replevin
☐ Other:

PROFESSIONAL LIABILITY

- ☐ Dental
☐ Legal
☐ Medical
☐ Other Professional:



2020-14359-0000 9/2/2020 12:14 PM # 12844642
 Rcpt#2020-13-00212 Fee:\$290.00 Complaint Civil Action
 Main (Public)
 MontCo Prothonotary

ued 1/1/2011

IN THE COURT OF COMMON PLEAS OF MONTGOMERY COUNTY,
PENNSYLVANIA

Mr. Jordan Breslow

550 American Ave. St 203, King of Prussia, PA 19406

VS.

NO.

Metropolitan Life Insurance
Company
200 Park Avenue
New York, NY 10166

NOTICE TO DEFEND-CIVIL

You have been sued in court. If you wish to defend against the claims set forth in the following pages, you must take action within twenty (20) days after this complaint and notice are served, by entering a written appearance personally or by attorney and filing in writing with the court your defenses or objections to the claims set forth against you. You are warned that if you fail to do so the case may proceed without you and a judgment may be entered against you by the court without further notice for any money claimed in the complaint or for any other claim or relief requested by the plaintiff. You may lose money or property or other rights important to you.

YOU SHOULD TAKE THIS PAPER TO YOUR LAWYER AT ONCE. IF YOU DO NOT HAVE A LAWYER, GO TO OR TELEPHONE THE OFFICE SET FORTH BELOW. THIS OFFICE CAN PROVIDE YOU WITH INFORMATION ABOUT HIRING A LAWYER.

IF YOU CANNOT AFFORD TO HIRE A LAWYER, THIS OFFICE MAY BE ABLE TO PROVIDE YOU WITH INFORMATION ABOUT AGENCIES THAT MAY OFFER LEGAL SERVICES TO ELIGIBLE PERSONS AT A REDUCED FEE OR NO FEE.

LAWYER REFERENCE SERVICE
MONTGOMERY BAR ASSOCIATION
100 West Airy Street (REAR)
NORRISTOWN, PA 19401
(610) 279-9660, EXTENSION 201

Jordan Breslow
Pro se Plaintiff

Civil
PROSECUTED BY
MONTGOMERY COUNTY
complaint

[COURT OF COMMON PLEAS OF MONTGOMERY COUNTY, PENNSYLVANIA]

2020 SEP -2 A 10:11

Jordan Breslow,
550 American Ave Ste 203
King of Prussia, Pa. 19406
Plaintiff,

vs.

Metropolitan Life Insurance Company
200 Park Avenue
New York, NY 10166

Defendant

Filed this 20th day of August 2020

JB
Jordan Breslow

Civil Complaint

MR. JORDAN BRESLOW VS. METROPOLITAN LIFE INSURANCE COMPANY

Pursuant law:

- PENNSYLVANIA INSURANCE COMPANY LAW OF 1921
- PENNSYLVANIA UNFAIR INSURANCE PRACTICES ACT

Damages sought:

\$499,405.01

Breakdown-

- \$277,219.00: Unpaid Life Insurance Benefits
- \$2,186.01- Unrefunded Paid Premium
- \$220,000.00 - Punitive Damges

Case Summary:

My mother, the late Donna A. Breslow, was an employee of State Street Bank & Trust (Boston, MA) from May 1998 (including its predecessor Princeton Financial Services for which her years of service were reflected) until her separation and termination for long term disability in September 2019. See attached Death Certificate and the other supporting documents, Donna died April 9th, 2020.

Metropolitan Life Insurance Company ("MetLife") was her Group Life Insurance Carrier at State Street. Upon separation from State Street she exercised her right to convert his Group Life Certificate Coverage to Individual Permanent Life Insurance Coverage on a guaranteed issue basis and at guaranteed issue rates. The Life Insurance Contract (Policy number: [REDACTED] 2032 A) issued with an effective date 11/01/2019 and taken and paid for on 12/30/2019 with a face amount and net death benefit of \$348,000.00. And a quarterly premium of \$3,977.72.

Subsequently, MetLife without notice stated that they should not have let her

2020-04-09
METROPOLITAN LIFE INSURANCE COMPANY
JORDAN BRESLOW
JORDAN BRESLOW
JORDAN BRESLOW

convert the full coverage amount. They retroactively invalidated # [REDACTED] 2032 A and denoted it on their books as "Unplaced Issue — Prem Pay". And issued insufficient refunds of \$64.24 (see attached copies of processed checks) on two (2) occasions via US mail. They then placed a new Life Insurance Contract (Policy number: [REDACTED] 0347 A) on its books with an effective date of 11/01/2019 and a face amount and net death benefit of \$70,781.00 And a quarterly premium of \$978.37.

First, under the Pennsylvania Insurance Code, once a policy is issued and bound (as in this case) it must be honored as is, unless there were "material misrepresentations" (i.e. misstatement of age or sex) which is not the case. As an individual who works in the insurance industry, I have seen on an internal basis mistakes on insurance company's part and the insurer having to honor their word as sealed. From a legal standpoint there is lengthy legal precedent for insurers honoring bound Life Insurance Contracts despite miscommunications on their part. Additionally, given the guaranteed issue basis and a length of service beyond two (2) years on the Group Certificate, the original policy met the criteria for being regarded as Incontestable under the Pennsylvania Insurance Code. I wrote and sent via FEDEX two letters with accompanying documents to MetLife's legal counsel, Stephen Gaunter (Executive Vice President & General Counsel) with no response.

As of late MetLife did response but insufficiently to resolve the matter fully, including further insufficient Refunds.

Second, MetLife's conduct is at variance with the Pennsylvania Unfair Insurance Practices Act justifying punitive damages. My mother was a Stage 4 cancer patient who deserved better from MetLife and MetLife actively sought to shirk its legal obligations.

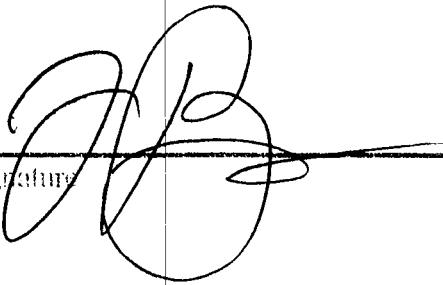
Finally, punitive damages are also warranted given that at the time of her death my mother was actively engaged in efforts to sell her policy to a third party licensed Life Settlement firm with the aim of using the proceeds to fund her home care and treatments. MetLife actions were truly shameful.

VERIFICATION

I verify that the statements made in this Jordan Bresler are true and correct to the best of my knowledge, and belief. I understand that false statements made herein are subject to the penalties of 18 PA. C.S. Subsection 4904, relating to unsworn falsification to authorities.

Date: 7/27/2020

July
27th, 2020

Signature 

EX 18

COPY

23

BRANCH/AGENCY 07H 250



**Metropolitan Life
Insurance Company**
A Mutual Company Incorporated in New York State

Metropolitan Life Insurance Company will pay the amount of insurance and provide the other benefits of this policy according to its provisions.

President

Secretary

Insured

DONNA A BRESLOW

Face Amount
of Insurance

\$348,000 AS OF NOVEMBER 1, 2019

Policy Number

2 032 A

Plan

Life Paid-Up at 100

Life Paid-Up At 100 Policy

Life insurance payable when the insured dies.

Premiums payable for a stated period.

Annual dividends.

10-Day Right to Examine Policy--Please read this policy. You may return this policy to Metropolitan or to the sales representative through whom you bought it within 10 days from the date you receive it. If you return it within the 10-day period, the policy will be void from the beginning. We will refund any premium paid.

See Table of Contents and Company address on the last page.

READ THIS POLICY CAREFULLY. This policy is a legal contract between the policy owner and Metropolitan Life Insurance Company.



2020-14359-0000 9/2/2020 12:14 PM # 12844723
Rcpt# 2020-13-00212 Fee: \$290.00 Complaint Civil Action
Exhibit A (Public)
MontCo Prothonotary

8-90 (95)

AAASGP

7

339900912
07H CRUMP LIFE I

COPY

POLICY SPECIFICATIONS

DATE OF POLICY NOVEMBER 1 2019

INSURED'S AGE 59

OWNER THE INSURED

BENEFICIARY JORDAN T BRESLOW
(SEE APPLICATION FOR CONTINGENT BENEFICIARY)

POLICY CLASSIFICATION STANDARD

INSURED

DONNA A BRESLOW

FACE AMOUNT
OF INSURANCE.. \$348,000 [REDACTED] 2 032 A . . POLICY NUMBER

PLAN LIFE PAID-UP AT 100
07H 250

SEE THE FOLLOWING PAGE 3 (CONT'D) FOR THE PREMIUM SCHEDULE

339900912

COPY

POLICY NUMBER [REDACTED] 2 032 A INSURED DONNA A BRESLOW

PREMIUM SCHEDULE
PREMIUMS ARE DUE ON DATE OF POLICY AND EVERY
3 MONTH(S) AFTER THAT DATE

	PREMIUM AMOUNT	YEARS PAYABLE	CLASSI- FICATION
LIFE INSURANCE	\$3,977.72	41	STD
TOTAL PREMIUM OF	\$3,977.72		

COPY

000000912 940

TABLE OF VALUES

APPLICABLE TO A POLICY WITHOUT PAID-UP ADDITIONS, DIVIDEND ACCUMULATIONS OR
POLICY LOAN

INSURED DONNA A BRESLOW

POLICY NUMBER [REDACTED] 2 032 A

INSURED'S AGE - 59

DATE OF POLICY NOVEMBER 01 2019

PLAN - LIFE PAID-UP AT 100

FACE AMOUNT OF INSURANCE IS \$ 348,000

VALUE DATE	GUARANTEED CASH VALUE	REDUCED PAID-UP INSURANCE	EXTENDED TERM INSURANCE YEARS DAYS
	\$	\$	
MAY 1, 2020	0.00	0	00 060
NOV. 1, 2020	696.00	1,740	00 079
NOV. 1, 2021	1,044.00	2,436	00 107
NOV. 1, 2022	10,092.00	20,532	02 156
NOV. 1, 2023	19,140.00	37,932	04 011
NOV. 1, 2024	28,536.00	54,984	05 138
NOV. 1, 2025	37,932.00	71,340	06 179
NOV. 1, 2026	46,980.00	85,956	07 116
NOV. 1, 2027	56,376.00	100,572	08 001
NOV. 1, 2028	66,120.00	115,188	08 209
NOV. 1, 2029	75,516.00	128,412	08 354
NOV. 1, 2030	85,260.00	141,636	09 103
NOV. 1, 2031	95,004.00	153,816	09 180
NOV. 1, 2032	104,748.00	165,996	09 225
NOV. 1, 2033	114,492.00	177,132	09 248
NOV. 1, 2034	124,236.00	188,268	09 253
NOV. 1, 2035	133,632.00	198,012	09 233
NOV. 1, 2036	143,376.00	208,104	09 211
NOV. 1, 2037	152,772.00	217,152	09 168
NOV. 1, 2038	162,516.00	226,548	09 125
NOV. 1, 2039	171,564.00	234,900	09 059
AT AGE 60 *	696.00	1,740	00 079
AT AGE 65 *	37,932.00	71,340	06 179

ON REQUEST, WE WILL PROVIDE VALUES FOR DATES NOT SHOWN.

GUARANTEED INTEREST RATE - 4% A YEAR

MORTALITY TABLES - COMMISSIONERS 2001 STANDARD ORDINARY COMPOSITE MORTALITY
TABLE (80% MALES, 20% FEMALES), AGE NEAREST BIRTHDAY

* VALUE DATE IS NOVEMBER 01, FOLLOWING INDICATED AGE

COPY**Understanding This Policy**

"You" and "your" refer to the owner of this policy.

"We," "us" and "our" refer to Metropolitan Life Insurance Company.

The "insured" named on page 3 is the person at whose death the insurance proceeds will be payable.

The "Face Amount of Insurance" is shown on page 3.

Policy years and months are measured from the date of policy. For example, if the date of policy is May 5, 1990, the first policy year ends May 4, 1991.

To make this policy clear and easy to read, we have left out many cross-references and conditional statements. Therefore, the provisions of the policy must be read as a whole. For example, our payment of the insurance proceeds (see page 5) depends upon the payment of premiums (see page 7). Otherwise, the provisions for non-payment of premiums will apply (see page 7).

To exercise your rights, you should follow the procedures stated in this policy. If you want to request a payment, change a beneficiary, change an address or request any other action by us, you should do so on the forms prepared for each purpose. You can get these forms from your sales representative or your local Metropolitan office.

Payment When Insured Dies

When the insured dies, an amount of money, called the insurance proceeds, will be payable to the beneficiary. The insurance proceeds are the total of:

- * The Face Amount of Insurance.

PLUS

- * Any insurance on the insured's life which may be provided by riders to this policy.
- * Any insurance bought with dividends.
- * Any dividends left with us to earn interest.
- * Any dividend which we may credit at death.
- * Any part of a premium paid for coverage beyond the policy month in which the insured dies.

MINUS

- * Any premium due (not more than one month's part of the premium).
- * Any policy loan and loan interest.

We will pay the insurance proceeds to the beneficiary after receipt of proof of death and a proper written claim.

Payments During Insured's Lifetime**Dividends**

Every year we determine an amount to be paid to our policyholders as dividends. We will determine the share, if any, for this policy and credit it as a dividend at the end of the policy year. We do not expect that any dividend on this policy will be paid until at least 2 years from its date.

You may choose to use dividends in any one of these ways:

1. *Paid-Up Additions*-- To buy more insurance on the insured's life.
2. *Dividend Accumulations*-- To be left with us to earn interest at the rate we set from time to time.
3. *Premium Payment*-- To be applied toward the payment of premiums. Any excess will be used to buy Paid-Up Additions.
4. *Cash*-- To be paid to you by check.

Your choice may be made on the application for your policy or in writing at a later date. If no choice has been made, we will provide paid-up additions unless you make a different choice within 3 months after a dividend is credited. If a dividend check has not been cashed within one year, a choice of paid-up additions will be deemed to have been made.

COPY**Payments During Insured's Lifetime (Continued)****Cash Value**

Your policy has a cash value while the insured is alive. The cash value is the total of:

- * The guaranteed cash value, as defined below.

PLUS

- * The cash value of any insurance bought with dividends.
- * Any dividends left with us to earn interest.
- * Any part of a premium paid for coverage beyond the policy month in which you surrender this policy.

MINUS

- * Any policy loan and loan interest.

There are several ways you can use all or part of the cash value:

1. Take a policy loan from us.
2. Take the cash value of any insurance bought with dividends.
3. Take any dividends left with us to earn interest.
4. Surrender the policy to us for its full cash value.

Or, if you stop paying premiums, the cash value may be used to continue insurance for a limited time or for the insured's lifetime at a reduced amount.

Guaranteed Cash Value

If all due premiums have been paid, the guaranteed cash value is as shown in the Table of Values on page 4.

The guaranteed cash value of any paid-up insurance or any extended term insurance is as described under "Computation of Values" on page 8.

Policy Loan

You can get cash from us by taking a policy loan. If there is an existing loan you can increase it. The most you can borrow is the cash value at the end of the current policy year less any unpaid premiums for that year and loan interest to the end of that year. A loan may not be taken if extended term insurance is in effect (see page 7).

Loan interest is charged daily at the rate we set from time to time. This rate will never be more than the maximum allowed by law and will not change more often than once a year on the anniversary of the date of policy.

The rate of interest we set for a policy year may not be more than the higher of:

- (a) The Published Monthly Average for the calendar month ending 2 months before the start of the policy year; or
- (b) The rate we use to compute the guaranteed cash value of this policy for the policy year, plus 1%.

The Published Monthly Average means:

- (a) Moody's Corporate Bond Yield Average—Monthly Average Corporates, as published by Moody's Investors Service, Inc. or any successor to that service; or
- (b) If that average is no longer published, a substantially similar average, established by regulation issued by the insurance supervisory official of the state in which this policy is delivered.

If the maximum limit for a policy year is at least 1/2% higher than the rate set for the prior policy year, we may increase the rate to no more than that limit. If the maximum limit for a policy year is at least 1/2% lower than the rate set for the prior policy year, we will reduce the rate to at least that limit.

When a loan is made, we will inform you of the initial rate applicable to that loan. We will mail you advance notice if there is to be an increase in the rate applicable to an existing loan.

Loan interest is due at the end of each policy year. Interest not paid within 31 days after it is due will be added to the loan principal. It will be added as of the due date and will bear interest at the same rate as the rest of the loan principal.

Loan Repayment

You may repay all or part (but not less than \$50) of a policy loan at any time while the insured is alive.

COPY**Payments During Insured's Lifetime (Continued)****Policy Termination**

Your policy will end whenever the amount of your policy loan plus loan interest is more than the sum of:

1. The guaranteed cash value;
2. The cash value of any insurance bought with dividends; and
3. Any dividends left with us to earn interest.

We will mail notice to you at least 31 days before termination. We will also mail notice to any assignee on our records. You can prevent termination by making sufficient repayment of the loan.

Deferment

We may delay paying the cash value for up to 6 months from the date we receive a request for payment. If we delay for 30 days or more, interest will be paid from the date we receive the request at the rate we set from time to time. We also may delay making a policy loan, except for a loan to pay a premium, for up to 6 months from the date you request the loan.

Premiums**Premium Payment**

The benefits of your policy depend on the payment of premiums when due. Premiums are payable, while the insured is alive, on or before their due dates as shown in the premium schedule on page 3. Premiums may be paid at our Home Office or any other office we designate or to your sales representative. A receipt signed by our President or Secretary and countersigned by the sales representative will be given for a premium paid to the sales representative.

You may change the frequency of payment with our approval.

You may ask us to pay premiums with a combination of yearly dividends, the cash value of any paid-up additions and/or any dividend accumulations. As long as these values are great enough, out-of-pocket premiums need not be paid to keep your policy in force.

Grace Period

After the first premium is paid, there will be a grace period of 31 days after each premium due date to pay the premium. If the insured dies during a grace period, the insurance proceeds will still be payable.

Automatic Policy Loan

Each premium which remains unpaid at the end of a grace period will be paid with an automatic policy loan if:

1. You ask us to do so in the application for your policy or in writing while no premium is due and unpaid; and
2. Your policy has enough cash value to pay the premium.

Non-Payment of Premiums

If any premium due before the first date shown under "Value Date" in the Table of Values on page 4 is not paid by the end of its grace period, your policy will end as of the due date of that premium. If any premium due on or after that date is not paid by the end of its grace period, the insurance coverage will continue for a limited time as extended term insurance. However, after premiums have been paid at least until the date at which a guaranteed cash value is first shown in the Table of Values on page 4, you may choose either reduced paid-up insurance or cash instead of extended term insurance.

1. *Extended Term Insurance*-- The amount of the extended term insurance will be the total of:

- * The Face Amount of Insurance;
- PLUS
- * Any insurance bought with dividends.
- * Any dividends left with us to earn interest;
- MINUS
- * Any policy loan and loan interest.

COPY

Premiums (Continued)

The policy will no longer be eligible for dividends and the policy loan provisions will no longer apply. Benefits provided by any riders will end. At the end of the term, this policy will be void.

2. *Reduced Paid-Up Insurance*-- You may choose to continue insurance for the lifetime of the insured but for a reduced amount. This choice may be made at any time within 3 months after the due date of the first unpaid premium.

The policy will continue to be eligible for dividends and the policy loan provisions will continue to apply. Benefits provided by any riders will end.

3. *Cash*-- Instead of continuing insurance coverage, you may surrender your policy for its cash value.

Computation of Values

The Table of Values on page 4 shows the guaranteed cash values, the amounts of reduced paid-up insurance and the periods of extended term insurance that we would provide. This table does not take into account any insurance bought with dividends, dividends left with us to earn interest, or policy loan and loan interest. Values not shown in the table are computed by the same method as that used for the values shown. The method of computation will be furnished on request.

A period of extended term insurance is measured from the due date of the first unpaid premium. We compute the length of extended term insurance or the amount of reduced paid-up insurance by applying the cash value as a net single premium as of the due date of the first unpaid premium. The insured's age for this purpose is the age on the date of the policy plus the number of years and full months from that date to the due date of the first unpaid premium. Any loans or cash paid to you during the grace period will not be included in the cash value applied.

At any time, the guaranteed cash value of any paid-up insurance or any extended term insurance is equal to the net single premium for such insurance at the insured's then attained age. The guaranteed cash value will not decrease during the first 3 months after the due date of the first unpaid premium. Also, the guaranteed cash value will not decrease for the first 31 days after the end of a policy year.

Guaranteed cash values, insurance benefits and net single premiums are computed on the basis of immediate payment of death claims and refund of premiums beyond the end of the month in which the insured dies. The guaranteed interest rate and mortality tables used are shown on page 4.

We have filed a detailed statement of the method of computation with the insurance supervisory official of the state in which this policy is delivered. The values under this policy are equal to or greater than those required by the law of that state.

Reinstatement

If you have stopped paying premiums but have not surrendered your policy for its cash value, you may reinstate the policy while the insured is alive if you:

1. Request reinstatement within 3 years of the due date of the first unpaid premium;
2. Provide evidence of insurability satisfactory to us;
3. Pay all overdue premiums to the date of reinstatement with compound interest at the rate of 6% a year; and
4. Repay any policy loan (plus interest) in effect on the due date of the first unpaid premium, plus any policy loan taken after that. Compound interest to the date of reinstatement will be charged on any unpaid loan at the applicable policy loan interest rate, as would have been charged if all due premiums had been paid.

Any cash value that your policy would have after reinstatement may be taken as a policy loan and used toward the payment required to make reinstatement.


After 3 years from the due date of the first unpaid premium, the policy may be reinstated subject to the conditions we set.

COPY

Ownership and Beneficiary

- Owner** As owner, you may exercise all rights under your policy while the insured is alive. You may name a contingent owner who would become the owner if you should die before the insured.
- Change of Ownership** You may name a new owner at any time. If a new owner is named, any earlier choice of a contingent owner, beneficiary, contingent beneficiary or optional income plan will be canceled, unless you specify otherwise.
- Beneficiary** The beneficiary is the person or persons to whom the insurance proceeds are payable when the insured dies. You may name a contingent beneficiary to become the beneficiary if all the beneficiaries die while the insured is alive. If no beneficiary or contingent beneficiary is named, or if none is alive when the insured dies, the owner (or the owner's estate) will be the beneficiary. While the insured is alive, the owner may change any beneficiary or contingent beneficiary.
- If more than one beneficiary is alive when the insured dies, we will pay them in equal shares, unless you have chosen otherwise.
- How to Change the Owner or the Beneficiary** You may change the owner, contingent owner, beneficiary or contingent beneficiary of this policy by written notice or assignment of the policy. No change is binding on us until it is recorded at our Home or a Head Office. Once recorded, the change binds us as of the date you signed it. The change will not apply to any payment made by us before we recorded your request. We may require that you send us this policy to make the change.
- Collateral Assignment** Your policy may be assigned as collateral. All rights under the policy will be transferred to the extent of the assignee's interest. We are not bound by any assignment unless it is in writing and is recorded at our Home or Head Office. We are not responsible for the validity of any assignment.

General Provisions

- The Contract** This policy includes any riders and, with the application attached when the policy is issued, makes up the entire contract. All statements in the application will be representations and not warranties. No statement will be used to contest the policy unless it appears in the application.
- Limitation on Sales Representative's Authority** No sales representative or other person except our President, Secretary, or a Vice-President may (a) make or change any contract of insurance; or (b) change or waive any of the terms of this policy. Any change must be in writing and signed by our President, Secretary, or a Vice-President.
-  We will not contest the validity of your policy after it has been in force during the insured's lifetime for 2 years from the date of policy, except for nonpayment of premiums.
- Interest Rate** Where this policy provides that interest on payments we make will be at a rate we set, that rate will never be less than 3% a year.
- Age and Sex** If the insured's age or sex on the date of policy is not correct as shown on page 3, we will adjust the benefits under this policy. The adjusted benefits will be those which the premium paid would have bought at the correct age and sex.

Exclusion

- Suicide** The insurance proceeds will not be paid if the insured commits suicide, while sane or insane, within 2 years from the date of policy. Instead, we will pay the beneficiary an amount equal to all premiums paid, without interest, less any loan and loan interest.

COPY**Methods of Payment**

Unless otherwise requested, we may pay the insurance proceeds when the insured dies, or the cash value on surrender of the policy in one sum or by placing the amount in an account that earns interest. The payee will have immediate access to all or any part of the account.

If requested, we will apply the amount under one or more of the following payment plans.

- Option 1.** *Interest Income*-- The amount applied will earn interest which will be paid monthly. Withdrawals of at least \$500 each may be made at any time by written request.
- Option 2.** *Instalment Income for a Stated Period*-- Monthly instalment payments will be made so that the amount applied, with interest, will be paid over the period chosen (from 1 to 30 years).
- Option 2A.** *Instalment Income of a Stated Amount*-- Monthly instalment payments of a chosen amount will be made until the entire amount applied, with interest, is paid.
- Option 3.** *Single Life Income--Guaranteed Payment Period*-- Monthly payments will be made during the lifetime of the payee with a chosen guaranteed payment period of 10, 15 or 20 years.
- Option 3A.** *Single Life Income--Guaranteed Return*-- Monthly payments will be made during the lifetime of the payee. If the payee dies before the total amount applied under this plan has been paid, the remainder will be paid in one sum as a death benefit.
- Option 4.** *Joint and Survivor Life Income*-- Monthly payments will be made jointly to two persons during their lifetime and will continue during the remaining lifetime of the survivor. A total payment period of 10 years is guaranteed.

Other Frequencies and Plans Instead of monthly payments, you may choose to have payments made quarterly, semiannually or annually. Other payment plans may be arranged with us.

Choice of Payment Plans A choice of payment plan for insurance proceeds made by you in writing and recorded by us while the insured is alive will take effect when the insured dies. All other choices of payment plans will take effect when recorded by us or later, if requested. When a payment plan starts, we will issue a contract which will describe the terms of the plan. We may require that you send us this policy. We may also require proof of the payee's age.

Payment plans may be chosen:

1. By you during the lifetime of the insured.
2. By the beneficiary within one year after the date the insured died and before any payment has been made, if no choice was in effect on the date of death.

A choice of payment plan will not take effect unless each payment under the plan would be at least \$50.

Limitations If the payee is not a natural person, the choice of a plan will be subject to our approval. An assignment for a loan will modify a prior choice of payment plan. The amount due the assignee will be payable in one sum and the balance will be applied under the payment plan.

Payments may not be assigned and, to the extent permitted by law, will not be subject to the claims of creditors.

Payment Plan Rates Amounts applied under the interest income and instalment payment plans will earn interest at a rate we set from time to time.

Life income plan payments will be based on a rate set by us and in effect on the date the insurance proceeds or cash value becomes payable.

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Methods of Payment (Continued)

Minimum Payments under Payment Plans-- Monthly payments under Options 2, 3, 3A and 4 for each \$1,000 applied will not be less than the amounts shown in the following Tables.

Option 2. Instalment Income for a Stated Period Monthly Payments for each \$1,000 Applied					
Years Chosen	Minimum Amount of Each Monthly Payment	Years Chosen	Minimum Amount of Each Monthly Payment	Years Chosen	Minimum Amount of Each Monthly Payment
1	\$84.47	11	\$8.86	21	\$5.32
2	42.86	12	8.24	22	5.15
3	28.99	13	7.71	23	4.99
4	22.06	14	7.26	24	4.84
5	17.91	15	6.87	25	4.71
6	15.14	16	6.53	26	4.59
7	13.16	17	6.23	27	4.47
8	11.68	18	5.96	28	4.37
9	10.53	19	5.73	29	4.27
10	9.61	20	5.51	30	4.18
To determine the minimum amount for quarterly payment, multiply the above monthly payment by 2.99; for semiannual by 5.96; and for annual by 11.84-					

Payee's Age	Option 3. Single Life Income-- Guaranteed Payment Period Minimum Amount of each Monthly Payment for each \$1,000 Applied						Option 3A. Single Life Income-- Guaranteed Return Minimum Amount of each Monthly Payment for each \$1,000 Applied	
	Guaranteed Payment Period							
	10 years		15 years		20 years			
	Male	Female	Male	Female	Male	Female	Male	Female
50	\$4.29	\$3.94	\$4.23	\$3.91	\$4.15	\$3.86	\$4.11	\$3.82
55	4.72	4.29	4.62	4.23	4.47	4.15	4.47	4.11
60	5.29	4.73	5.09	4.62	4.79	4.47	4.92	4.47
65	6.02	5.29	5.60	5.09	5.09	4.81	5.48	4.93
70	6.86	6.02	6.08	5.63	5.31	5.13	6.18	5.53
75	7.71	6.92	6.46	6.16	5.44	5.36	7.05	6.32
80	8.48	7.89	6.70	6.55	5.49	5.47	8.15	7.36
85 and over	9.07	8.74	6.82	6.77	5.51	5.50	9.54	8.70

Option 4. Joint and Survivor Life Income-- Guaranteed Period of 10 years Minimum Amount of Each Monthly Payment for each \$1,000 Applied			
Age of Both Payees	One Male and One Female	Two Males	Two Females
50	\$3.64	\$3.79	\$3.54
55	3.93	4.11	3.80
60	4.30	4.55	4.13
65	4.80	5.13	4.57
70	5.47	5.90	5.17
75	6.33	6.80	6.00

On request, we will provide additional information about amounts of minimum payments.

COPY

Name of Insured/Annuitant/Applicant

DONNA A BRESLOW

Agency

250

District/Branch

07H

Application Number:

Date of this Form

12/09/2019

Policy/Contract Number

2032

Application Amendment



- To ☒ Metropolitan Life Insurance Company
☐ Metropolitan Insurance and Annuity Company
☐ Security First Life Insurance Company

I amend the application referred to above, as follows:

The Face Amount is amended to \$348,000.

This application amendment is part of the application referred to above and is subject to the agreements in that application. The application and this amendment are part of the policy/contract to which they are attached. To the best of my knowledge and belief, the statements and answers in the application as amended by this form are true and complete as of the date this form is signed. There are no facts or circumstances which would require a change in the answers in the application, except as shown above.

WITNESS (Licensed Resident Agent)	Place	Mo. Day Yr.	Signature
Witness to Signature (A)			(A) Insured/Annuitant/Applicant
Witness to Signature (B)			(B) Spouse (if Spouse signed application)
Witness to Signature in (C) or (D)			(C) Owner (if other than (A) above)

If Owner is a firm, corporation or trust, enter full name on (D) line (C) and have one or more partners, officers or trustees sign on line (D), and give their titles.

Return signed forms to :

NB PROCESSING CENTER - COMPLIANCE UNIT

COPY

Metropolitan Life Insurance Company

ENDORSEMENT

This endorsement is part of the policy to which it is attached. It amends the policy as follows:

1. "A Mutual Company Incorporated in New York State" under the Company title on the first page is changed to "A Stock Company Incorporated in New York State".
2. The **Voting for Directors** provision on the last page and all references to voting rights are deleted.



Secretary

COPY

PENNSYLVANIA AFFILIATES AGREEMENT ENDORSEMENT

- ☐ Metropolitan Life Insurance Company
☐ Metropolitan Tower Life Insurance Company

The Company indicated above is referred to as "the Company".

If your Policy provides for a Date of Policy/Policy Date only, this Endorsement is a part of the policy as of the: Date of Policy; or Policy Date.

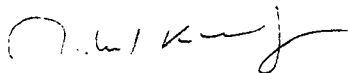
If your Policy provides for a Date of Policy/Policy Date and/or a Date of Issue/Issue Date, this Endorsement is a part of the policy as of the: Date of Issue; or Issue Date.

This Endorsement is subject to all applicable terms and provisions except as modified herein.

Each of the undersigned affiliated companies agrees, in accordance with the provisions of the Policy, to make its products, which are offered at the time the option to obtain a new policy is exercised, available to policyholders of the Company which issued this Policy.

The new policy will be issued by the Company, if the other undersigned affiliated companies are not in business at the time the option is exercised.

Metropolitan Life Insurance Company



President



Secretary

Metropolitan Tower Life Insurance Company



President



Secretary

COPY



Policy Number _____

Application for Life Insurance
Company (Check the appropriate ONE.) ☐ Metropolitan Life Insurance Company ☐ Metropolitan Tower Life Insurance Company

The Company indicated in this section is referred to as "the Company".

SECTION I - About the Proposed Insured
 For Additional Insureds please complete the **Additional Insureds Supplement** form.

First Name Donna	Middle Name A	Last Name Breslow
Permanent Address 112 Windsor Ave	City Elkins Park	State Zip PA 19027
Country of Legal Residence USA	Date of Birth 1961	E-Mail Address Jordanbreslow93@gmail.com
Primary Phone Number 215-206-3562	Alternate Phone Number	Preferred Time to Call
Place of Birth PA	Social Security or Tax ID Number	Earned Annual Income
<input checked="" type="checkbox"/> U.S. Driver's License Issuer of ID PA	If not licensed, please indicate other form of ID: ID Number	<input type="checkbox"/> Passport Issue Date (if any)
Name of Employer Retired	Employer City	State ZIP
		Position/Duties

NON U.S. CITIZENS ONLY - Country of Citizenship	Green Card/Visa Type	Expiration Date
Country of Permanent Residence	ID Number	Years in the U.S.

SECTION II - About the Owner
 Complete **ONLY** if the Owner is **NOT** the Proposed Insured.

<input type="checkbox"/> OWNER - TRUST / BUSINESS ENTITY - Name of Entity	Tax ID Number	Trustee / Owner State
<input type="checkbox"/> Trust <input type="checkbox"/> Business Entity <input type="checkbox"/> Charity <input type="checkbox"/> Qualified Pension Plan	Complete the appropriate required form(s).	
<input type="checkbox"/> OWNER - OTHER INDIVIDUAL		
First Name	Middle Name	Last Name
Permanent Address	City	State Zip
Country of Legal Residence	Citizenship	Social Security or Tax ID Number
E-Mail Address	Earned Annual Income	Net Worth
Relationship to Proposed Insured		
Please indicate form of ID: Issuer of ID	<input type="checkbox"/> U.S. Driver's License ID Number	<input type="checkbox"/> Passport Issue Date (if any)
	<input type="checkbox"/> Government Issued Photo ID Expiration Date (if any)	
<input type="checkbox"/> Check if ownership should revert to Insured upon Owner and Contingent Owner's deaths.		

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SECTION III - About the Beneficiary / Beneficiaries For additional Beneficiaries, use Section IX - Additional Information.

☐ Check here if the Owner is the Primary Beneficiary.
For Primary or Contingent Beneficiaries who are NOT the Owner, complete the table below.

Beneficiary Type	Name (First, Middle, Last)	Date of Birth	Relationship to Proposed Insured	Social Security Number (Optional)	Percentage of Proceeds (if not equal)
Primary	Jordan T. Breslow	1993	son		100
<input type="checkbox"/> Primary					
<input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary					
<input type="checkbox"/> Contingent					

☐ Check here to include all living and future natural or adopted children of the Proposed Insured as Contingent Beneficiaries. (Name all living children above.)

☐ If a Custodian is acting on behalf of a minor Beneficiary listed above, please use **Co-Owner/Contingent Owner and UTMA Designations Supplement** form.

☐ Federal law states that if someone with special needs has assets over \$2,000, they may lose eligibility for government benefits.

SECTION IV - About Proposed Coverage Check the desired coverage(s).

<input type="checkbox"/> Adjustable Life	<input type="checkbox"/> Variable Life	<input checked="" type="checkbox"/> Whole Life	<input type="checkbox"/> Term Life
Product Name	Product Name	Product Name	Product Name
Face Amount*	Life Paid-Up at Age 100	Face Amount*	Face Amount*
Riders and Details	Face Amount* \$70,000	Riders and Details	Riders and Details
<input type="checkbox"/> Coverage Continuation (UL only)			
Disability Waiver:		Disability Waiver:	Disability Waiver:
<input type="checkbox"/> Specified Premium	<input type="checkbox"/> Disability Waiver	<input type="checkbox"/> Convertible	<input type="checkbox"/> Non-Convertible
<input type="checkbox"/> Monthly Deduction (VUL only)	Dividend Options:		
Death Benefit Option	<input checked="" type="checkbox"/> Paid-Up Additions		
Definition of Life Insurance:	<input type="checkbox"/> Other, please specify:		
<input type="checkbox"/> Guideline Premium Test	<input checked="" type="checkbox"/> Automatic Premium Loan Requested		
<input type="checkbox"/> Cash Value Accumulation Test			
Planned Premium			
Year 1			
Years 2 to			
Years to (UL only)			

① For a full list of riders and options, please consult with your Producer.
Note: Some riders may require supplement forms to be completed.

☐ For Variable Life products, please complete the **Variable Life Supplement** form.
* If Face Amount is equal to or exceeds \$1,000,000, please complete the **Personal Financial Information** form.

ADDITIONAL OPTIONS

One Time (Single) Payment Amount

1035 Exchange Amount

Requested Policy Date

☐ Save Age**POLICY OPTIONS**☐ Alternate Policy: Product, Face Amount and Details☐ Additional Policy: Product, Face Amount and Details☒ Group Conversion Only☐ Group Conversion Alternative} Please complete the **Group Conversion Supplement** form for either choice.

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SECTION V - About Existing or Applied for Insurance

Does the Proposed Insured or Owner have any existing or applied for life insurance or annuities with this or any other company?

Proposed Insured ☐ Yes ☒ No
Owner ☐ Yes ☒ NoIf **YES**, please provide details of any existing or applied for Life Insurance on the **Proposed Insured only**.

Company	Amount of Insurance	Year of Issue	Status
			<input type="checkbox"/> Existing <input type="checkbox"/> Applied For
			<input type="checkbox"/> Existing <input type="checkbox"/> Applied For
			<input type="checkbox"/> Existing <input type="checkbox"/> Applied For
			<input type="checkbox"/> Existing <input type="checkbox"/> Applied For

In connection with this application, has there been, or will there be with this or any other company any: surrender transaction; loan; withdrawal; lapse; reduction or redirection of premium/consideration; or change transaction (except conversions) involving an annuity or other life insurance?

☐ Yes ☒ No☒ If **YES**, complete **Replacement Questionnaire** AND any other state required replacement forms or 1035 exchange forms.

If Proposed Insured is financially dependent on another individual, indicate individual providing support:

☐ Spouse ☐ Child ☐ Parent ☐ Other _____

Amount of insurance on individual providing support. Existing Insurance _____

Insurance Applied For _____

If Proposed Insured is a minor, are all siblings equally insured? ☐ Yes ☐ NoIf **NO**, please provide details: _____**SECTION VI - About Payment Information****PREMIUM PAYOR**☒ Proposed Insured ☐ Owner (If NOT the Proposed Insured.) ☐ Other (Complete the box below.)

Other Premium Payor Name	Social Security or Tax ID Number	Relationship to Proposed Insured or Owner	
Reason this Person is the Payor			
Permanent Address	City	State	Zip

PAYMENT MODE

(Check the appropriate ONE.)

Billing Mode: ☐ Annual ☐ Semi-Annual ☒ Quarterly☒ Monthly Draft per Debit Authorization (See next page.)☐ Monthly Draft per Existing Electronic Payment Number _____Special Account: ☐ Government Allotment ☐ Salary Deduction ☐ List Bill

If Special Account, provide Employer Group Number (EGN) or List Bill Number _____

INITIAL PAYMENT

Amount Collected with Application

Method of Collection:

☒ Initial Premium by Electronic Funds Transfer (Must be at least a monthly amount.)☐ Check (Must be at least 1/12 of an annual premium.)**SOURCE OF CURRENT AND FUTURE PAYMENTS** (Check ALL that apply.)☒ Earned Income ☐ Mutual Fund/Brokerage Account ☐ Money Market Fund ☐ Savings ☐ Loans☐ Certificate of Deposit ☐ Use of Values in another Life Insurance/Annuity Contract ☐ Other _____

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DEBIT AUTHORIZATION**Available only if the bank account holder is the Owner and/or Proposed Insured.**All others please complete the **Electronic Payment (EP) Account Agreement** form.

The undersigned ("I") hereby authorize the Company with whom I am completing this application to initiate debit entries through Metropolitan Life Insurance Company to the deposit account designated below, at the Financial Institution named below, using the Automated Clearing House. I authorize:

1. Monthly recurring debits; AND
2. Debits made from time to time, as I authorize.

This authorization is to remain in full force and effect until the Company has received written notification from me of its termination at such time and in such manner as to afford the Company and the Financial Institution a reasonable opportunity to act on it.

Monthly Debit Date: ☐ Issue Date of the Policy
☐ Debit Date on the _____ of each month

Bank Account Type: ☐ Checking ☐ Savings

Bank Routing Number _____ Bank Account Number _____

Name of Financial Institution _____

BANK ROUTING NUMBER _____ BANK ACCOUNT NUMBER _____

① Note: Please attach a voided check or deposit slip to Section IX - Additional Information.

We cannot establish banking services from starter checks, cash management, brokerage, or mutual fund checks. We cannot establish banking services from foreign banks UNLESS the check is being paid in U.S. Dollars through a U.S. correspondent bank (the U.S. correspondent bank name must be on the check).

SECTION VII - General Risk Questions

Use Section IX - Additional Information if necessary.

1. Within the past three years has the Proposed Insured flown in a plane other than as a passenger on a commercial airline or does he or she have plans for such activity within the next year? ☐ Yes ☐ No

☐ If YES, please complete a separate **Aviation Risk Supplement** form for the Proposed Insured.

2. Within the past three years has the Proposed Insured participated in or does he or she plan to participate in any of the following? ☐ Yes ☐ No

- Underwater sports - SCUBA diving, hard hat, skin diving, snorkeling or cave diving
- Racing sports - motorcycle, auto or motor boat
- Sky sports - skydiving, hang gliding, parachuting, ballooning, ultra lights, para sailing or para skiing
- Rock ice or mountain climbing
- Bungee jumping

☐ If YES, please complete a separate **Avocation Risk Supplement** form for the Proposed Insured.

3. Has the Proposed Insured **traveled** or **resided** outside the U.S. or Canada within the **past two years**; or does he or she plan to **travel** or **reside** outside the U.S or Canada within the **next two years**? ☐ Yes ☐ No
- If YES, please provide details.

Past	Future	Duration (weeks)	Cities and Countries	Purpose
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			
<input type="checkbox"/>	<input type="checkbox"/>			

4. Has the Proposed Insured **EVER** used tobacco or nicotine products in any form (e.g., cigars cigarettes, cigarillos, pipes, chewing tobacco, nicotine patches, or nicotine gum)? If YES, please provide details. ☐ Yes ☐ No

Product(s)	Frequency / Amount	Date Last Used

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

☐ Yes ☐ No

Name of Practice or Clinic

City

State

Zip

Phone Number

Date Last Consulted

Reason

Findings/Treatment Given/Medication Prescribed

If more space is needed, attach additional sheet(s).

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Certification / Agreement / Disclosure

Was a sales illustration provided for the life insurance policy as applied for?

☒ Yes ☐ No

A. If Yes, please choose one of the following:

- ☒ An illustration was signed and matches the policy applied for. It is included with this application.
- ☐ An illustration was shown or provided but is different from the policy applied for. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.
- ☐ The sale was made using an illustration with Accelerated Payment.
- ☐ If illustration was only shown on a computer screen, check and complete the details in the box below.

An illustration was displayed on a computer screen. The displayed illustration matches the policy applied for but no printed copy of the illustration was provided. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery. The illustration on the screen included the following personal and policy information:

1. Gender (as illustrated) ☐ Male ☐ Female ☐ Unisex
2. Age _____
3. Rating Class (e.g. Standard Non-smoker) _____ ☐ Non-smoker ☐ Smoker
4. Product Name (e.g. GAUL) _____
5. Face Amount _____
6. Dividend Option (Whole Life only) _____

B. If No, please choose one of the following:

- ☐ Producer certifies that a signed illustration is not required by law or the policy applied for is not illustrated in this state.
- ☐ No illustration conforming to the policy as applied for was shown or provided prior to or at the time of this application. An illustration conforming to the policy as issued will be provided no later than at the time of policy delivery.

Agreement / Disclosure

I have read this application for life insurance including any amendments and supplements and to the best of my knowledge and belief, all statements are true and complete. I also agree that:

- My statements in this application and any amendment(s), paramedical/medical exam and supplement(s) are the basis of any policy issued.
- This application and any amendment(s), paramedical/medical exam, and supplement(s) to this application will be attached to and become part of the new policy.
- No information will be deemed to have been given to the Company unless it is stated in this application, paramedical/medical exam, amendment(s), or any supplement(s).
- Only the Company's President, Vice-President or Secretary may: (a) make or change any contract of insurance; (b) make a binding promise about insurance; or (c) change or waive any term of an application, receipt, or policy.
- Except as stated in the Temporary Insurance Agreement and Receipt, no insurance will take effect until a policy is delivered to the Owner and the full first premium due is paid. It will only take effect at the time it is delivered if: (a) the condition of health of each person to be insured is the same as stated in the application; and (b) no person to be insured has received any medical advice or treatment from a medical practitioner since the date of the application.
- If I have requested a rider that provides an acceleration of death benefit, I have received the appropriate disclosure form.
- I understand that paying my insurance premiums more frequently than annually may result in a higher yearly out-of-pocket cost or different cash values.
- If I intend to replace existing insurance or annuities, I have so indicated in the appropriate section of the application.
- I have received the Company's Privacy Notice and the Life Insurance Buyer's Guide.
- If I was required to sign a Notice and Consent for HIV Testing, I have received a copy of that Notice.

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Fraud Warnings

Any person who knowingly and with the intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

Taxpayer Identification Number Certification

Under penalties of perjury, I, the Owner, certify that:

- The number shown in this application is my correct taxpayer identification number, and I am not subject to backup withholding because:
 - (a) I have not been notified by the IRS that I am subject to backup withholding as a result of a failure to report all interest or dividends; or
 - (b) the IRS has notified me that I am not subject to backup withholding.
(If you have been notified by the IRS that you are currently subject to backup withholding because of under reporting interest or dividends on your tax return, you must cross out and initial this item.)
- I am a U.S. citizen or a U.S. resident alien for tax purposes.
(If you are not a U.S. citizen or a U.S. resident alien for tax purposes, please cross out this certification and complete form W-8BEN).

① **Please note:** The Internal Revenue Service does not require your consent to any provision of this document other than the certifications required to avoid backup withholding.

Signatures

If not witnessing all signatures, witness should initial next to signature being witnessed and sign below.

Signature(s) of all Proposed Insured(s)

Date

Signed at City, State

► 

5/30/2019

Philadelphia, Pa.

(age 18 or over)

► Please complete the **Additional Insureds Supplement** or **Child Rider Supplement** form(s) if applicable.

Signature(s) of all Owner(s) (If **NOT** the Proposed Insured.)

Date

Signed at City, State

►

(age 18 or over)

① If the Owner is a firm or corporation, include Officer's title with signature.

► If Co-Owner or Custodian, please complete the **Co-Owner/Contingent Owner and UTMA Designations Supplement** form.

Signature of Parent or Guardian

Date

Signed at City, State

►

(If Owner or Proposed Insured is under 18, sign here. If not sign above.)

Witness to Signatures

Licensed Producer

Print Name of Producer

Anthony Maiuolo



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MetLife**Group Conversion Supplement****Metropolitan Life Insurance Company**

This supplement will be attached to and become part of the application with which it is used.

Proposed Insured - First Name

Donna

Middle Name

A

Last Name

Breslow

SECTION I - Group Policy DetailsGroup Policy Type: ☒ Corporate Group☐ Servicemember's/Veteran's☐ Federal Employees Group

Group Policy Number

Certificate, Serial, SGLI/VGLI/FEGLI Number (if applicable)

Separation Date

Was the Proposed Insured totally disabled on the date of the separation from employment?

☐ Yes ☒ No

Was inquiry or request for conversion made prior to the date this Application for Life Insurance ("Application") was completed?

☐ Yes ☒ No

If YES, indicate the date the inquiry or request was made.

SECTION II - Group Conversion Only☒ Group Conversion Only

- Complete the entire Application for the Proposed Insured only.
- Complete the Certification / Agreement / Disclosure page and include the appropriate signatures.
- The Employer's Group Conversion Notice must be submitted with the Application.

SECTION III - New Business Policy☐ New Business Policy with Group Conversion as an alternative

- Complete the entire Application.
- Provide coverage details in Section IV of the Application.
- Complete the Certification / Agreement / Disclosure page and include the appropriate signatures.

Any person who knowingly and with intent to defraud any insurance company or any other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading information concerning any fact material thereto, commits a fraudulent insurance act which is a crime and subjects such person to criminal and civil penalties.

The above answers are true and complete to the best of my knowledge and belief.

Signature of Proposed Insured



Signed at City, State

Philadelphia Pa

Date

5/30/2014

Signature of Owner



Signed at City, State

Date



COPY**Notice**

When you write to us, please give us your name, address and policy number. Please notify us promptly of any changes. We will write to you at your last known address.

Checks, drafts or money orders may be drawn to the order of Metropolitan Life (or "MetLife"). They are received subject to the condition that they may be handled for collection in accordance with the practice of the collecting bank or banks. If we do not receive the full amount of any check, draft or money order, it will not constitute payment. All payments are to be made in U.S. currency.

Voting for Directors

Our Board of Directors is elected by the policyholders. For details on how to vote, write to our Secretary.

Metropolitan Life Insurance Company
200 Park Avenue
New York, New York 10166

Countersigned and Delivered _____ By _____

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Cash Value	6	Owner	9		
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We have intentionally left pages 2 and 10 blank.

Any riders for additional benefits follow page 12.

Life Paid-Up At 100 Policy

Life insurance payable when the insured dies.

Premiums payable for a stated period.

Annual Dividends

Ex B

This document is incomplete without the Disclaimers Page.



Product Detail Report

Account#: [REDACTED] 2032 A as of: 04/23/2020



2020-14359-0000 9/2/2020 12:14 PM # 12844724
Rcpt#2020-13-00212 Fee:\$290.00 Complaint Civil Action
Exhibit B (Public)
MontCo Prothonotary

Created For:

Donna Breslow

Created On:

04/23/2020

04/23/2020

Client Name: Donna Breslow

This document is incomplete without the Disclaimers Page.

Account Number: 2032 A

Policy Number: 2032
Policy Suffix: A
Policy Information: Whole Life

Issue Date: 11/01/2019
Status: Unplaced
Amount of Insurance: \$348,000.00
Issue-Prem Pay

Financial Information**Financial Details**

Death Benefit Amount: \$348,000.00
Death Benefit As Of Date: 11/01/2019

Dividends

Loan Value: Paid Up Addtl Ins
Last Dividend Credited Amount: \$0.00
Last Dividend Credited Year: N/A

Additional Insurance (AI) Balance:

Billing and Payment Summary

Scheduled Premium Amount: \$3,977.72 Due 11/01/2019
Next Premium Due Date: 11/01/2019
Gross Billed Premium: N/A
Premium Base & non-P/AR Rider: \$3,977.72
Total Premium: \$3,977.72
Premium Paid to Date: 11/01/2019

Premium Frequency:

Quarterly

Paying the insurance premiums more frequently than annually may result in a higher yearly out-of-pocket cost or different cash values.

Contact Us

For Customer Support, call 1-800-638-5000

For help with policy changes and other policy servicing questions, contact your financial services representative.

Name: ANTHONY L MAILLOLO
Title: BROKER
Representative Number: 0711-250-1
Office Phone Number: (999)-999-9999
Office Name: CRLMP LIFE INSURAN
Office Address: 4133 NORTH FRONT ST. HARRISBURG PA 17110

Client Name: Donna Breslow

This document is incomplete without the Disclaimers Page.

Account Number: [REDACTED] 2032 A

General Information**Owner Information**

Owner Name: DONNA A BRESLOW
 Social Security Number: [REDACTED]
 Phone Number: (215) 206-3562

Date of Birth: [REDACTED] 1961
 Address: 314 S HENDERSON RD UNIT G
 KING OF PRUSSIA, PA 19406

Insured Information

Insured Name: DONNA A BRESLOW
 Social Security Number: [REDACTED]
 Address: 314 S HENDERSON RD UNIT G
 KING OF PRUSSIA, PA 19406

Date of Birth: [REDACTED] 1961
 Risk Classification: [REDACTED]

Beneficiary Information**Primary Beneficiary Information**

Primary Beneficiary	Percentage	Irrevocable Beneficiary	Social Security Number	Date of Birth:
JORDAN I BRESLOW	0	This beneficiary is not irrevocable.	N/A	[REDACTED] 1993

Client Name: Donna Breslow

This document is incomplete without the Disclaimers Page.

Account Number: [REDACTED] 2032 A

Disclaimers

Important Information

Paying the insurance premiums more frequently than annually may result in a higher yearly out-of-pocket cost or different cash values.

Disclaimers

The account balances, values and transaction details presented here are derived from our contract administrative system; they are not a legal statement of your account. Please refer to your confirmations and account statements as records of your account. Investments will fluctuate with changes in the securities markets and, therefore, may be worth more or less when redeemed.

MetLife's life insurance products are issued by Metropolitan Life Insurance Company or its affiliated insurance companies; variable life insurance products are distributed by MetLife Investors Distribution Company.

This report is provided for general informational purposes only, and the values contained in this report are simply intended as a general guide. Values are presented as available on the date of the report. The contents of this report should not be relied upon to compute taxes, for lending, or for legal purposes. Please use the individual statements you receive directly from the financial institutions to verify the activity and value of your accounts, and consult a qualified investment, tax or legal professional for advice.

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04/23/2020

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Page 4 of 4



Department of Financial Services

ANDREW M. CUOMO
Governor

LINDA A. LACEWELL
Superintendent

Donna Breslou
314 S. Henderson Road Unit 6103
King Of Prussia, PA 19406

March 17, 2020

RE: Dept. File #: CSB-2020-01348018
Your Complaint Against: Metropolitan Life Insurance Company

Dear Sir/Madam:

This letter refers to the complaint you filed with this Department.

In order to investigate your complaint, we require the following additional information:

- ☐ A detailed explanation of your complaint.
- ☐ The name of the licensed insurance company that underwrites the policy.
- ☐ Member ID number.
- ☐ The name of the patient.
- ☐ Policy/claim number.
- ☒ OTHER: Please provide the state the policy was signed in.

Since we cannot begin our investigation until we receive the above requested information, please provide your response as soon as possible.

PLEASE RETURN THIS LETTER AND ANY ENCLOSED MATERIAL WITH YOUR RESPONSE.

We will not take any further action until we receive this information.

Sincerely,

CONSUMERS ASSISTANCE UNIT
PROCESSING UNIT

212-480-6282 (Fax)



2020-14359-0000 9/2/2020 12:14 PM # 12844725
Rcpt#2020-13-00212 Fee:\$290.00 Complaint Civil Action
Exhibit C (Public)
MontCo Prothonotary

4/25

This document is incomplete without the Disclaimers Page.



Product Detail Report

Account# [REDACTED] 0347 A as of: 04/23/2020



2020-14359-0000 9/2/2020 12:14 PM # 12844726
Rcpt#2020-13-00212 Fee:\$290.00 Complaint Civil Action
Exhibit D (Public)
MontCo Prothonotary

Created For:

Donna Breslow

Created On:

04/23/2020

04/23/2020

Client Name: Donna Breslow

This document is incomplete without the Disclaimers Page.

Account Number: 00347 A

Policy Number: 00347 Policy Suffix: A Policy Information: Whole Life

Issue Date: 11/01/2019 Status: Death Claim Amount of Insurance: \$70,781.00
Paid-Prem Pay

Financial Information

Financial Details

Death Benefit As Of Date:

Dividends

Loan Value: Paid Up Addn Ins
Last Dividend Credited Amount: \$0.00
Last Dividend Credited Year: N/A

Additional Insurance (AI) Balance:

Billing and Payment Summary

Scheduled Premium Amount: \$978.37 Due 11/01/2021
Next Premium Due Date: 11/01/2021
Gross Billed Premium: N/A
Premium Base & non-PUAR Rider: \$978.37
Total Premium: \$978.37
Premium Paid to Date: 11/01/2021

Premium Frequency:

Quarterly

Paying the insurance premiums more frequently than annually may result in a higher yearly out-of-pocket cost or different cash values.

Contact Us

For Customer Support, call 1-800-638-5000

For help with policy changes and other policy servicing questions, contact your financial services representative.

Name: ANTHONY L. MATTHEO

Title: BROKER

Representative Number: 07H-250-1

Office Phone Number: (999)-999-9999

Office Name: CRLUMP LIFE INSURAN

Office Address: 4135 NORTH FRONT ST. HARRISBURG PA

17110

04/23/2020

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Page 2 of 4

Client Name: Donna Breslow

This document is incomplete without the Disclaimers Page.

Account Number: 0347 A

General Information

Owner Information

Owner Name:	DONNA A BRESLOW	Date of Birth:	1961
Social Security Number:		Address:	112 WINDSOR AVE ELKINS PARK, PA 19027
Phone Number:	(215) 206-3562		

Insured Information

Insured Name:	DONNA A BRESLOW	Date of Birth:	1961
Social Security Number:		Risk Classification:	
Address:	112 WINDSOR AVE ELKINS PARK, PA 19027		

Beneficiary Information

Primary Beneficiary Information

Primary Beneficiary	Percentage	Irrevocable Beneficiary	Social Security Number	Date of Birth:
JORDAN T BRESLOW	0	This beneficiary is not irrevocable.	N/A	1993

Client Name: Donna Breslow

This document is incomplete without the Disclaimers Page.

Account Number: [REDACTED] 0347 A

Disclaimers

Important Information

Paying the insurance premiums more frequently than annually may result in a higher yearly out-of-pocket cost or different cash values.

Disclaimers

The account balances, values and transaction details presented here are derived from our contract administrative system; they are not a legal statement of your account. Please refer to your confirmations and account statements as records of your account. Investments will fluctuate with changes in the securities markets and, therefore, may be worth more or less when redeemed.

MetLife's life insurance products are issued by Metropolitan Life Insurance Company or its affiliated insurance companies; variable life insurance products are distributed by MetLife Investors Distribution Company.

This report is provided for general informational purposes only, and the values contained in this report are simply intended as a general guide. Values are presented as available on the date of the report. The contents of this report should not be relied upon to compute taxes, for lending, or for legal purposes. Please use the individual statements you receive directly from the financial institutions to verify the activity and value of your accounts, and consult a qualified investment, tax or legal professional for advice.

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04/23/2020

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Page 4 of 4

METROPOLITAN LIFE INSURANCE COMPANY
18210 CRANE NEST DRIVE
TAMPA FL 33647



Questions? Contact your representative
Crump - Mass Mutual
ANTHONY L MAIUOLO
565 TAXTER ROAD
SUITE 625
ELMSFORD, NY 10523

INITIAL PREMIUM NOTICE

Contact the Customer Response Center
1-800-638-5000

RE: METROPOLITAN LIFE INSURANCE COMPANY POLICY 2 032 A

12/09/19

LIFE INSURANCE

NOTICE OF PAYMENT DUE

DONNA A BRESLOW
112 WINDSOR AVE
ELKINS PARK PA 19027

Policy Date:	11/01/2019
Planned Premium:	\$3,977.72
Payment For:	03 MONTHS
Due Date:	01/09/2020
Advance Payment:	\$0.00
Amount Due:	\$3,977.72*

*This amount does not reflect payments received after 12/09/19

INSURED:
DONNA A BRESLOW

Dear DONNA A BRESLOW:

Thank you for doing business with MetLife.

Like most insurance policies, MetLife policies contain exclusions, limitations, reductions of benefits and terms for keeping them in force. Your representative will be glad to provide you with costs and complete details.

Please detach and mail this return stub with payment to "MetLife" in the enclosed envelope to the address below. Thank You!

Sales Office/Agency
07H / 250



Policy number	Insured Name	Due Date	Payment for	Amount
2 032 A	DONNA A BRESLOW	01/09/20	03 MONTHS	\$3,977.72

METROPOLITAN LIFE INSURANCE COMPANY
PO BOX 30430
TAMPA FL 33630

Total amount enclosed:

\$ 3,977.72



INF-INS-BILL



2020-14359-0000 9/2/2020 12:14 PM # 12844727
Rcpt#2020-13-00212 Fee:\$290.00 Complaint Civil Action
Exhibit E (Public)
MontCo Prothonotary



METROPOLITAN LIFE INSURANCE COMPANY
PO Box 30430
Tampa FL 33630

Receipt for Policy Delivered

Agency/District: 07H

Frm 250

Policy Owner: DONNA A BRESLOW

Policy Number: [REDACTED] 2 032 A

I acknowledge that the policy described above was delivered to me on

12/30/2019

Month/Day/Year

Signature of Policyowner

Witnessed by

Representative

(not required if policy eDelivered)

The following sections do not apply to electronically delivered policies:

If Policy Mailed

I certify that I have today mailed the policy described above to the policyowner.

*Note: The policy must be sent by certified mail, "restricted delivery", with return receipt requested.
Submit the returned receipt with this form*

Date

Signed

Representative

Policy Declined at the Time of Delivery

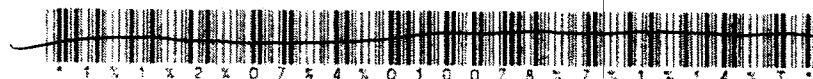
I certify that the applicant declined to accept the policy described above.

Date

Signed

Representative

DO NOT PRINT BELOW THIS LINE. DO NOT PHOTOCOPY





2020-14359-0000 9/2/2020 12:14 PM # 12844728
 Rcpt#2020-13-00212 Fee:\$290.00 Complaint Civil Action
 Exhibit F (Public)
 MontCo Prothonotary

Whole Life Insurance

A Life Insurance Policy Illustration

THIS ILLUSTRATION CAN ONLY BE USED AS A RESULT OF A GROUP CONVERSION

Prepared for: Donna Breslow
 Prepared by: Anthony Maiuolo
 Financial Services Representative
 565 Taxter Road
 Suite 625
 Elmsford, New York, 10523
 Tel:914-372-2959
 Email:anthonymaiuolo@barnumfg.com

Whole Life is issued by Metropolitan Life Insurance Company, 200 Park Ave. New York, NY 10166 on Policy Form 8-90 (95).

Insurance Products:
 • Not a Deposit • Not FDIC Insured • Not Insured By
 Any Federal Government Agency • Not Guaranteed By
 Any Bank Or Credit Union

Metropolitan Life Insurance Company
 National Service Center - Illustrations
 700 Quaker Lane
 Warwick, RI 02886
 Phone: (800) 638-9294

Date Prepared: 11/25/2019 11:00:43 AM

W108 (2011 CNO)

1.1218510553exp1220[All States]

Page 1 of 17

V 125.001

Form #8-90 (95)

This illustration is not a contract and is not complete unless accompanied by all numbered pages.



Whole Life (Life Paid-Up at Age 100)

Insured: Donna Breslow
 Face Amount:
 Initial Dividend Option:
 For issue in the state of:

Risk Class: Unisex Standard
 \$348,000 Total Initial Quarterly Premium:
 Paid Up Additions (AI) Premium Payment Mode:
 Pennsylvania

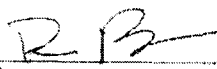
Age: 59
 \$3,977.72
 Quarterly

The following table is designed to help you understand how changes in non-guaranteed factors may affect policy values. The three sets of columns show: (1) values based on policy guarantees; (2) values based on the current dividend scale reduced by 50%; (3) values based on the current non-guaranteed dividend scale.

	Based on Guarantees Only			At the Midpoint Scale			At the Illustrated Scale		
	Contract Premium	Cash Value	Death Benefit	Contract Premium	Cash Value	Death Benefit	Contract Premium	Cash Value	Death Benefit
End of									
Year 5	15,911	28,536	348,000	15,911	30,698	351,183	15,911	32,863	354,331
Year 10	15,911	75,516	348,000	15,911	85,750	364,337	15,911	96,050	380,773
Year 20	15,911	171,564	348,000	15,911	206,248	394,527	15,911	241,795	442,180
At Age 70	15,911	85,260	348,000	15,911	97,234	366,865	15,911	109,294	385,862
Total to age 100	652,346			652,346			652,346		

Signatures

This illustration assumes that the currently illustrated non-guaranteed elements, including the alternate loan rate, used will not change for all years shown. This is not likely to occur, and the actual results may be more or less favorable than those shown. I have received a copy of this 17 page illustration and understand that any non-guaranteed elements illustrated are subject to change and could be either higher or lower. The representative has told me that they are not guaranteed.


 (Applicant)

Date 12/30/2011

I certify that this illustration has been presented to the applicant in its entirety and that I have explained that any non-guaranteed elements illustrated are subject to change. I have made no statements that are inconsistent with the illustration.

(Representative)

Date _____

Anthony Mamulo
 MMLIA
 Financial Services Representative
 565 Taxier Road
 Suite 625
 Elmsford, New York, 10523
 Telephone: 914-372-2959
 Email: anthonymamulo@burnumfg.com

Date Prepared: 11/25/2019 11:00:43 AM

WL08 (2001 CSO)

L1218510553[exp1220][All States]

BI: 15.910.85 7PAY: 25.932.96

Page 7 of 17

V 125.001

Form #8-90 (95)

This illustration is not a contract and is not complete unless accompanied by all numbered pages.

JORDAN TYLER BRESLOW

60-848
318 C 577

DATE 12/30/2019

PAY TO THE ORDER OF MetLife

Three Thousand Nine Hundred seventy seven ³⁸⁰ \$ 3,977.72 DOLLARS

BMT BRYN MAWR TRUST

MEMO Initial Premium

JB

LOOK FOR FRAUD DETERRING FEATURES INCLUDING THE SECURITY SQUARE AND HEAT-REACTIVE INK. DETAILS ON BACK



2020-14359-0000 9/2/2020 12:14 PM # 12844729
Rcpt#2020-13-00212 Fee:\$290.00 Complaint Civil Action
Exhibit G (Public)
MontCo Prothonotary


STATE STREET

MENU

Home (<https://microsite.ehr.com/statestreet-usbenefits/>) / Financial Protection
 (<https://microsite.ehr.com/statestreet-usbenefits/financial-protection/>) / Life and AD&D Insurance ()

Life and AD&D Insurance

Company-Paid Coverage

State Street automatically provides the following insurance benefits, through MetLife, to you:

Insurance	Benefit
Basic Life Insurance*	For full-time employees: 2 times annual base salary*, up to \$2.5 million (Employee Only)** For part-time employees: \$10,000 (Employee Only)
Basic AD&D Insurance	\$10,000 (Employee Only)
Business Travel Accident Insurance	5 times annual base salary, up to \$1 million

Optional Employee-Paid Coverage

During your enrollment window, you may also enroll in the following supplementary insurance benefits for you, your spouse/domestic partner and your children:

Insurance	Benefit
Optional Term Life Insurance for Employee	1 to 8 times annual base salary, up to \$4 million
Optional Term Life Insurance for Spouse/Domestic Partner	\$20,000 or 1 to 4 times your annual base salary, up to \$250,000
Optional Term Life Insurance for Child(ren)***	\$5,000 or \$10,000 per child**



2020-14359-0000 9/2/2020 12:14 PM # 12844730
 Rcpt#2020-13-00212 Fee:\$290.00 Complaint Civil Action
 Exhibit H (Public)
 MontCo Prothonotary

Voluntary AD&D Insurance for Employee 1 to 8 times annual base salary, up to \$2 million

Voluntary AD&D Insurance for Spouse/Domestic Partner 60% of employee's coverage, up to \$250,000

Voluntary AD&D Insurance for Child(ren)*** 20% of employee's coverage, up to \$50,000 per child

Voluntary AD&D Insurance for Spouse/ Domestic Partner and Child(ren)** Spouse/Domestic Partner: 50% of employee's coverage, up to \$250,000

Child(ren): 15% of employee's coverage, up to \$50,000 per child

NOTE: Your base salary is your annual salary including shift differentials. It does not include bonuses, overtime or incentive pay.

**Federal law requires that you pay income tax on the value of company-provided basic life insurance over \$50,000. "Value" is what the IRS determines to be the premium cost, which is reported as income on your W-2 Form and on your payroll as "Life Insurance Taxable Inc." It's often referred to as "imputed income."*

***If you are a salesperson, your commissions and/or bonuses will be included when calculating your coverage level as well as any cost for optional life insurance or voluntary AD&D or spouse/domestic partner life insurance you purchase.*

****Your eligible dependent children remain covered under child life and voluntary AD&D insurance up to age 26, regardless of student or marital status.*

*****You or your spouse/domestic partner must be enrolled to enroll your children.*

Refer to **NetBenefits** for your individual costs. Remember, your rates will depend on your age and tobacco user status.

NOTE: A *statement of health* may be required if you wish to increase your coverage level above the Guaranteed Issue amount. You will be notified if you are required to submit a statement of health for your Optional Life insurance or your spouse/domestic partner's Optional Life insurance coverage.

If you have questions about Life and AD&D Insurance, call +1 800 438 6388 (tel: +18004386388).

COPY

Breslow Financial Group

*"Objective Financial Planning and Advice"*Refund Calculations

Metropolitan Breslow
 US.
 Metropolitan
 Life Insurance
 Company

Original Premium: \$3,977.72

Then policy reclassified as Unplaced

Issue - Prem Pay", which under applicable
 free-look provision, entitles Donna A. Breslow to
 a full refund.

Refund: \$3,977.72

Quarter 1:

Nov. 1
 Dec. 1
 Jan. 1

} 978.37

3,977.72

- minus 978.37

- minus 684.86

- minus 128.48 * (2 refund checks)

Quarter 2 978.37

Feb 1 } -293.51

March 1 } = 684.86

April (partial)
9/30

\$ 2,186.01

Total
 unrefunded
 Premium

* (give 9 days
 of 30 day
 month)



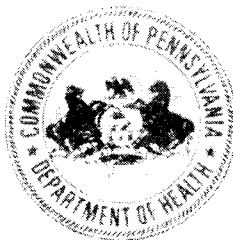
LOCAL REGISTRAR'S CERTIFICATION OF DEATH

WARNING: It is illegal to duplicate this copy by photostat or photograph.

Fee for this certificate: \$20.00

P 26830111

Certification Number



This is to certify that the information here given is correctly copied from an original Certificate of Death duly filed with me as Local Registrar. The original certificate will be forwarded to the State Vital Records Office for permanent filing.

Linda F. Kage
Local Registrar

APR 13/2022
Date Issued

Type/Print in Permanent Black Ink

COMMONWEALTH OF PENNSYLVANIA - DEPARTMENT OF HEALTH - VITAL RECORDS

CERTIFICATE OF DEATH

State File Number 328892-2020

1. Decedent's Legal Name (First, Middle, Last, Suffix) Donna Breslow		2. Sex Female		3. Social Security Number [REDACTED]		4. Date of Death (Month dd, yyyy) April 09, 2020	
5a. Age Last Birthday (Yrs) 59		5b. Under 1 Year Months: [REDACTED] Days: [REDACTED]		5c. Under 1 Day Hours: [REDACTED] Minutes: [REDACTED]		6. Date of Birth (Mo/Day/Year) (Spell Month) [REDACTED] 1961	
7a. Birthplace (City and State or Foreign Country) Philadelphia, Pennsylvania		7b. Birthplace (County) Lehigh		8a. Did Decedent Live in a Township? <input checked="" type="checkbox"/> Yes, decedent lived in [REDACTED] Township		8b. No, decedent lived within limits of Philadelphia City/Town	
9a. Residence (State or Foreign Country) Pennsylvania		9b. Residence (Street and Number - Include Apt No.) 112 S 19th Street #2303		9c. Residence (Zip Code) 19103		10. Marital Status at Time of Death <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married	
11. Ever in US Armed Forces? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		12. Father / Parent's Name (First, Middle, Last, Suffix) Harry Lande		13. Mother / Parent's Name Prior to First Marriage (First, Middle, Last, Suffix) Jonathan Breslow		14a. Informant's Name Jordan Breslow	
14b. Relationship to Decedent Son		14c. Informant's Mailing Address (Street and Number, City, State, Zip Code) 200 W Washington Square #2609 Philadelphia, PA 19106		15a. Place of Death (Check only one) <input type="checkbox"/> Emergency Room/Outpatient <input type="checkbox"/> Death on Arrival <input type="checkbox"/> Nursing Home/Long-Term Care Facility <input type="checkbox"/> Hospice Facility <input checked="" type="checkbox"/> Decedent's Home		15b. Facility Name (If not institution, give street and number) 112 S 19th Street #2303	
16a. Method of Disposition <input type="checkbox"/> Removal from State <input type="checkbox"/> Donation <input checked="" type="checkbox"/> Cremation		16b. Date of Disposition April 10, 2020		16c. Place of Disposition (Name of cemetery, crematory, or other place) Ivy Hill Cemetery & Crematory		17a. Signature of Funeral Service Licensee or Person in Charge of Interment Jonathan D. Levine (Electronically Signed)	
17b. License Number FD138565		18. Name and Complete Address of Funeral Facility Levine & Sons Memorial Chapel Inc 4737 Street Road Trevose, Pennsylvania 19053		19. Decedent's Education - Check the box that best describes the highest degree or level of school completed at the time of death: <input type="checkbox"/> 8th grade or less <input type="checkbox"/> No diploma, 9th - 12th grade <input type="checkbox"/> High school graduate or GED completed <input type="checkbox"/> Some college credit, but no degree <input type="checkbox"/> Associate degree (e.g. AA, AS) <input type="checkbox"/> Bachelor's degree (e.g. BA, BS) <input type="checkbox"/> Master's degree (e.g. MA, MS, MEng, MEd, MEd, MBA) <input type="checkbox"/> Doctorate (e.g. PhD, EdD) or Professional degree (e.g. MD, DDS, DVM, LLB, JD)		20. Decedent's Race - Check ONE OR MORE races to indicate what the decedent considered himself or herself to be: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Other (Specify) [REDACTED]	
21. Decedent's Single Race Self-Designation - Check ONLY ONE to indicate what the decedent considered himself or herself to be: <input checked="" type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian Indian <input type="checkbox"/> Chinese <input type="checkbox"/> Filipino <input type="checkbox"/> Japanese <input type="checkbox"/> Korean <input type="checkbox"/> Vietnamese <input type="checkbox"/> Other Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Guamanian or Chamorro <input type="checkbox"/> Other (Specify) [REDACTED]		22a. Decedent's Usual Occupation - Indicate type of work done during most of working life. DO NOT USE RETIRED. Assistant Vice President		22b. Kind of Business/Industry Banking		23a. Date Pronounced Dead (Mo/Day/Yr) 10:13 AM	
23b. Signature of Person Pronouncing Death (Only when applicable)		23c. License Number		24. Date Signed (Mo/Day/Yr) 09-10-2020		25. Was Medical Examiner or Coroner Contacted? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
26. Part I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. Add additional lines if necessary.							
IMMEDIATE CAUSE (Final disease or condition resulting in death): Breast Cancer							
Due to (or as a consequence of):							
Sequentially list conditions, if any, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (disease or injury that initiated the events resulting in death) LAST.							
26. Part II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I.							
27. Was an autopsy performed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28. Were autopsy findings available to complete the cause of death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		29. If female: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Not pregnant, but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		30. Did Tobacco Use Contribute to Death? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Probably Unknown	
31. Manner of Death: <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		32. Date of Injury (Mo/Day/Yr) (Spell Month)		33. Time of Injury		34. Place of Injury (e.g. home, construction site, farm, school)	
35. Injury at Work: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. If Transportation Injury, Specify: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> Other (Specify): [REDACTED]		37. Location of Injury (Street and Number, City, State, Zip Code)		38. Describe how injury occurred	
39a. Certifier (physician) certified registered nurse practitioner, physician assistant, medical examiner/coroner (check only one). <input checked="" type="checkbox"/> Pronouncing & Certifying - To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner stated. <input type="checkbox"/> Medical Examiner/Coroner - On the basis of examination, and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated.							
Signature of certifier: Alana Sugin (Signature on File)							
39b. Name, Address and Zip Code of P 150 Monument Road Bala		39c. Date Signed (Mo/Day/Yr) April 09, 2020		39d. Registrar File Date (Mo/Day/Yr) April 11, 2020		39e. License Number: MD449185	
40. Registrar's District Number 09-101		41. Amendments		42. Registrar's Signature [REDACTED]		43. Registrar's Title Registrar	

2020-14359-0000 9/2/2020 12:14 PM # 12844732
Rcpt#2020-13-00212 Fee:\$290.00 Complaint Civil Action
Exhibit J (Public)
MontCo Prothonotary



Policy number(s): [REDACTED] 2032A & [REDACTED] 0347A
Insured: Donna Breslow

June 29, 2020

Jordan Breslow
314 S Henderson Rd Unit G103
King of Prussia PA 19406

Sent via secure email: jordanbreslow93@gmail.com

COPY

Dear Jordan Breslow,

The purpose of this letter is to address the concerns you have expressed in your letter sent to Stephen Gauster, Vice President & General Counsel, regarding the above referenced life insurance policy, [REDACTED] 2032A, as well as your claim for that policy and policy [REDACTED] 0347A.

Please let me begin by offering my condolences for the loss of your mother, Donna Breslow.

Summary

There have been a number of activities surrounding the coverage on your mother's life since she initially requested to convert her group coverage from her employer in October of 2019.

Originally, she was issued policy [REDACTED] 2032A. The policy issue date was November 1, 2019. Based upon the conversion documentation that was submitted, it appeared she had a total of \$348,000 eligible group coverage to convert to an individual policy. Therefore, the policy was issued for the full amount, with a quarterly premium of \$3,977.72. This policy was delivered to Donna on December 30, 2019 and the first quarterly premium was received from you on that date.

We were then contacted by Coventry First, requesting a verification of coverage. They submitted their request, along with your mother's authorization, as they indicated that they were considering a viatical arrangement at your mother's request. During the review of the policy values, we became aware that in April of 2019 a claim had been filed on the group policy under the Accelerated Benefit Option. This claim was approved and payment was sent to the policy owner. This payment decreased the life insurance coverage that remained in force under the group policy and the amount subsequently available for conversion to an individual life insurance policy. I have enclosed here the correspondence that was sent to your mother, the policy owner, on March 9 from MetLife National Accounts which explains this in detail.

As explained in the March 9 correspondence, the original policy was cancelled and it was replaced by policy number [REDACTED] 0347A with the face amount of \$70,781, the maximum amount available for conversion. After the cancellation of the incorrect coverage and issuance of policy [REDACTED] 0347A, we did not receive any updated documentation or requests from Coventry First regarding any verification of coverage. I have attached a copy of the correspondence sent.

[Group Variable Universal Life Insurance]
distributed by MetLife Insurance Company of New York
through MetLife Securities



2020-14359-0000 9/2/2020 12:14 PM # 12844733
Receipt# 2020-13-00212 Fee: \$290.00 Complaint Civil Action
Exhibit K (Public)
MontCo Prothonotary

any (MLIC). New York, NY 10166, and
cluding variable products, are distributed
w York, NY 1036. MLIC, MLICD and MSI

DW GAUSTER COMPLAINT RESPONSE
Page 1 of 3

COPY

A summary of the subsequent activities relating to the cancelled policy and corrected replacement policy is below:

- March 23: Quarterly premium payment for policy [REDACTED] 2032A was received from you in the amount of \$3,977.72. This was the second quarterly premium, for a total of \$7,955.44
- March 24: Policy [REDACTED] 2032A was reversed and the premiums were applied to the amended policy [REDACTED] 0347A. This policy had an issue date of 11/1/2019 and a quarterly premium due of \$978.37. When the premiums from the first policy were applied, the new policy was fully paid through November 2021 with the application of \$7,826.96 premium to the policy.
- March 25: Your communication to Stephen Gauster was received and was forwarded to our Customer Complaint team for review.
- March 27: the remaining amount of premium you had paid on the canceled policy, totalling \$128.48, was refunded to your mother, the policy owner. Two checks were sent in the amount of \$64.24 each, one on March 27 and one on April 10. Both checks have been negotiated.
- April 9: Donna Breslow passed away.
- April 16: Claim was received from you, the designated beneficiary for the policy. On the claim form, both the old and new policy numbers were referenced. Per our normal process, all policy numbers listed on the form were entered into the claim review system and sent to the claims unit. Due to the recent changes to the original contract, the claims examiner did not properly identify the [REDACTED] 2032A policy as having been rescinded and the policy was incorrectly revalued manually as inforce, less arrears for the premium payments that had been transferred to the new contract. This was an error by the claims examiner.
- April 20: Based on this error, payment for both policies was made to you incorrectly and a check was cut on April 21 in the amount of \$416,695.78. This payment improperly provided the face amount of both policies claimed (totaling \$418,781) less the cost of 2 quarterly premiums for the [REDACTED] 2032A policy (\$7,955.44) plus a refund of the unused premium applied to the [REDACTED] 0347A policy (\$5,870.22).
- April 24: The claims examiner was contacted by our Customer Complaint team regarding this error and the ongoing case review by our Customer Complaint team that had been initiated upon receipt of your communication to Stephen Gauster. Therefore, the payment check was stopped at that time. However, there was miscommunication between the multiple teams regarding who was handling the review and communications and you were not contacted regarding what had transpired.
- June 2: We were contacted by the Pennsylvania Department of Insurance. At that time, it was found that the April 24 payment correction had not been completed and you had not been contacted in response to your prior correspondence.

What we're doing

At this time, the correct coverage amount is ready to be repaid to you, as the beneficiary at the time of your mother's passing and we would like to proceed with the proper payment. The amount payable will be the face amount of policy [REDACTED] 0347A (\$70,781), the refund of unused premiums (\$5,870.22), interest consistent with Pennsylvania statute (3% from the date of death to the final date of payment) as well as \$15.00 for the stopped check fee that you incurred.

I also noted that you indicated that you would like to receive your payment via a wire transfer. If this is still the case, please provide the account and routing number of your account where you would like the money wired.

Finally, I would like to express my apologies for the delay in claim processing that you have experienced. It is not our plan or process to create delays or stress for our customers or their families. We strive to meet the expectations of our customers and deeply regret when we do not meet those expectations.

COPY

If you need additional information

You can reach me by:

- Phone: 401-827-3260
- Email: kkurtz@metlife.com

Sincerely,

Kathryn Kurtz

Kathryn Kurtz, Manager

COPY

MetLife National Accounts
501 US Highway 22
Bridgewater, NJ 08807-0891



Donna Breslow
112 Windsor Ave.
Elkins Park, PA 19027

Dear Ms. Breslow,

As a full-time employee of State Street Corporation, you were enrolled in Basic Life Insurance coverage equal to two times your Base Annual Earnings, and Optional Life Insurance of one times your Base Annual Earnings. A copy of your certificate of coverage is attached. At the time your employment ended with State Street Corporation on September 24, 2019, your final Base Annual Earnings were \$115,507.88.

Both Basic and Optional Life Insurance have an Accelerated Benefit Option that allows an insured to claim up to 80% of the benefit subject to the following requirements:

- the amount of each ABO Eligible Life Insurance benefit to be accelerated equals or exceeds \$10,000; and
- the ABO Eligible Life Insurance to be accelerated has not been assigned; and
- We have received Proof that You are Terminally Ill.

On April 15, 2019, MetLife received an Accelerated Benefit Option claim (Claim Number 21904008753) from you for the following amounts:

- Basic Life - \$184,812.61
- Supplemental Life - \$92,406.30

MetLife approved and paid these amounts to you on April 25, 2019.

After your employment with State Street Corporation was terminated on September 24, 2019, a conversion notice was mailed to you on September 26, 2019. State Street Corporation's third party recordkeeper listed Basic and Optional Life Insurance amounts available for conversion by you that were incorrect because they did not take into account benefits that had already been paid to you. Because you had exercised the Accelerated Benefit Option, the following conversion provision applies to your coverage amounts:

- On Your Life Insurance at conversion. The amount to which You are entitled to convert under the section entitled LIFE INSURANCE: CONVERSION OPTION FOR YOU, will be decreased by
 - the amount of the accelerated benefit paid by Us; and



COPY

- the Interest and Expense Charge

Because of the payments made by MetLife to you on April 25, 2019, you are only eligible to convert the following amounts:

- Basic Life - \$47,187.39
- Supplemental Life - \$23,593.70

Your converted life insurance will be updated to reflect these corrected amounts and we will refund any overpaid premium.

If you have any questions, please contact us at 1-877-275-6387 Monday – Friday from 9:00 a.m. to 6:00 p.m. Eastern time.

MetLife National Accounts
501 US Highway 22
Bridgewater, NJ 08807-0891

MetLife
P.O. Box 336
Warwick, RI 0287-336



COPY

U.S. Retail Life Operations
Metropolitan Life Insurance Company

April 20, 2020

Policy: [REDACTED] 2032A
Insured: Donna Breslow
Case Number: MCTS 2002003566-003

Jordan Breslow
550 American Avenue
Ste. 203
King of Prussia, PA 19406

Dear Mr. Jordan Breslow,

Your recent inquiry has been referred to my department for handling.

Why we're contacting you

We are currently assembling the records that are necessary to respond. While we want to resolve this matter as quickly as possible, we would appreciate your patience during the course of our investigation.

What you need to know

Your inquiry has been assigned Reference number MCTS2002003566-003. Please use this number in any communication with us concerning this policy. Please be assured that we will advise you of our findings as soon as we are in a position to do so. Thank you for bringing this matter to our attention.

We're here to help

You can reach me by:

- Phone: 813-983-4346, ext. 4346
- Email: Ttoymenendez@Metlife.com
- Fax: 908-552-3439

Sincerely,

Tammy Toy-Menendez
Manager/Retail Life Operations



2020-14359-0000 9/2/2020 12:14 PM # 12844735
Rcpt#2020-13-00212 Fee:\$290.00 Complaint Civil Action
Exhibit M (Public)
MontCo Prothonotary

EX N

209

**Bank**

America's Most Convenient Bank®

COPYAccount: **TD RELATIONSHIP CHECKING**Date posted: **Apr 23, 2020**Amount: **\$416,695.78****Front of deposit slip****Bank**

DATE

4/23/2020

DEPOSITS MAY NOT BE AVAILABLE FOR IMMEDIATE WITHDRAWAL

NAME

Jordan Breslow
PLEASE PRINT

ACCT. #

TOTAL
ITEMS

CASH / CURRENCY ▶

50,437.22TOTAL FROM
OTHER SIDE ▶

SUBTOTAL ▶

LESS CASH ▶

\$416695.78**CHECKING DEPOSIT**

TD BANK N.A.

CASH ON HAND (CASH)

Back of deposit slipCHECKS
LIST SEPARATELY
RECORD OF CHECKS FOR DEPOSIT
DOLLARS
CENTS

535366070342 135904 20200423 000000000000000000

DDA_CREDIT LJOSEP4 0.00

King of Prussia 0353 94004 5353 0005 0089

2020-14359-0000 9/2/2020 12:14 PM # 12844878
Rcpt#2020-13-00212 Fee:\$290.00 Complaint Civil Action
Exhibit N (Public)
MontCo ProthonotaryENTER TOTAL
ON FRONT
\$

Front of check

1-5876 (1003) Printed in U.S.A. **Detach stub before cashing** JY4516 SCH(09/16) 60-937/213

MetLife Metropolitan Life Insurance Company
Personal Life Insurance Death Claim

623

Policy Number(s) 2032 A 0347 A	Check Number 004432735
Name of Insured OWNA BRESLOW	Not Valid Before APR 20, 2020
Pay to the Order of: JORDAN T BRESLOW	Amount Dollars Cents \$ 416695.78

JPMorgan Chase Bank, N.A.
6040 Tarbell Road
Syracuse, NY 13208

MAZ
AUTHORIZED SIGNATURE

SECURITY FEATURES INCLUDED. DETAILS ON BACK.

COPY

Back of check

DAAAAT:NR (6/17)

535366070343 135924 20200423 000000000332300623
TRN_DEBIT LJOSEP4 416695.78
King of Prussia 0353 94004 5353 0005 0089

DO NOT SIGN OR WRITE ON THIS LINE
BEFORE DEPOSITING INTO YOUR BANK ACCOUNT

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COPY

30

My
Accounts

My Accounts

[Don't see all your policies?](#)

Message Center

Reminders (1)

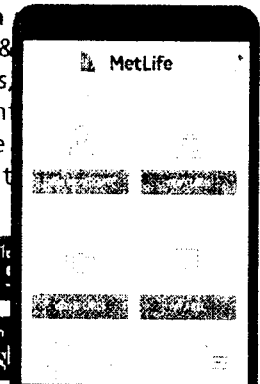
1 of 1

Group policies can also be linked with account by clicking on 'Don't see all your policies?'.

Feedback

Download the MetLife Mobile App

Submit an
pay auto &
policy bills,
account in
Get it free
app store t



2020-14359-0000 9/2/2020 12:14 PM # 12844879
Rcpt#2020-13-00212 Fee:\$290.00 Complaint Civil Action
Exhibit O (Public)
MontCo Prothonotary

MetLife, Your Life

Auto &
Home tips
to keep you
and your
family safe.

Connect With Us



Facebook



LinkedIn



YouTube

Life Insurance




Provided by MetLife and Affiliated Companies

Whole Life

I want to...

Policy number: [REDACTED] 2032 A

Billing and Payments

Premium payment due 11/01/2019: \$3,977.72

Billing option: Direct Bill.

Financial Information

Face amount as of 04/23/2020: \$348,000.00

Death benefit as of 04/23/2020: N/A

General Information

Insured: Donna A Breslow

Status: Death Claim Paid - Prem Pay

Primary beneficiaries

Jordan T Breslow

[View additional policy details](#)

Whole Life

I want to...

Policy number: [REDACTED] 0347 A

Billing and Payments

Premium payment due 11/01/2021: \$978.37

Billing option: Paid in Advance.

Financial Information

Face amount as of 04/21/2020: \$70,781.00

Death benefit as of 04/21/2020: N/A

General Information

Insured: Donna A Breslow

Status: Death Claim Paid - Prem Pay

Primary beneficiaries

Jordan T Breslow

[View additional policy details](#)

[Customize Life Insurance accounts list](#)

eDelivery: S Fast

Go paperless- b
information
will be securely
as soon as
they're available. (Plus, you
could save a tree.)

**My
Accounts**

Sign up today!

Self-Care Tips for Better Work/Life Blending

As your work and home
life blend together more
and more, here are some
simple ways to keep
stress levels low and
productivity high.

[See More](#)

Feedback

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Disclaimers

The account balances, values and transaction details presented here are derived from our contract administrative system. We permit you to communicate instructions to us here solely for your convenience. Investments will fluctuate with changes in the market, therefore, may be worth more or less when redeemed.

Metropolitan Life Insurance Company and/or its affiliates are the issuers of the products shown on these web pages.

Auto and Home insurance is offered by Metropolitan Property and Casualty Insurance Company (Met P&C®) and its affiliates, Warwick, RI. Not available in all states and subject to availability and individual qualifications.

Variable insurance products are distributed by MetLife Investors Distribution Company ("MLIDC") (Member FINRA) and offered through retail broker-dealers with selling agreements with MLIDC and/or its affiliates. Met P&C® and MLIDC are MetLife companies.

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**My
Accounts**

Feedback

COPY

295

COPY

STOP PAYMENT STOP PAYMENT

211274450
04/28/2020
000000726487416

This is a LEGAL COPY of your
check. You can use it the same
way you would use the original
check.

RETURN REASON (C)
STOP PAYMENT

Cash Letter 1 of 1
Bundle 1 of 1
Item 1 of 1

0202/E2/H0 [09ET02TE0]
9TE20EE00000000

1-800 (TOLL) 774-6111

Detach stub before cashing

MetLife Metropolitan Life Insurance Company
National Life Insurance Policy Claim

Policy Number(s): 004432735

Net Total Before: APR 20, 2020

Amount: Dollars Cents

\$ 4,16695.78

Pay to the Order of: JORDAN T BRESLOW

Signature: [Signature]

AUTHORIZED SIGNATURE

SECURITY FEATURES INCLUDED. DETAILS ON BACK.



2020-14359-0000 9/2/2020 12:14 PM # 12844880
Rcpt#2020-13-00212 Fee:\$290.00 Complaint Civil Action
Exhibit P (Public)
MontCo Prothonotary

COPY

074909962 04/23/2020
000001790495204
111900057 04/24/2020
000006670965444
211274450 04/28/2020
000000726487416

↓ Do not endorse or write below this line. ↓

DALLAS (04/17)

ENDORSE

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE
RESERVED FOR FINANCIAL INSTITUTION USE.

20200423 0000000000332300623

53536878
TRINIDAD
King

>03120136 04/23/2020
0000007102316
>211274450 04/23/2020
0000007102316

The security features listed below, as well as those not listed, meet industry guidelines.

- Anti-Copy Technology: Document is not suitable for copying.
- Void Penetration: Ink is not visible when the document is held up to light.
- Verification Code: A unique code is printed on the document to verify its authenticity.
- Microprint: Small, repeating characters are used to create a textured appearance.
- Original Document Back Pattern: A unique pattern is visible on the back of the document.

FEDERAL RESERVE NOTE OF GOVERNMENT SEC.

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JORDAN TYLER BRESLOW

60-848
319

638

DATE

3/23/2020

• DELIVERABLE COMPLETES
SPECIALTY BLUE INK SECURITY

PAY TO

METLife

THE ORDER OF

Three Thousand Nine Hundred Seventy

DOLLARS

Seven ⁷²/₁₀₀ -Heat
Reactive
Ink

BMT BRYN MAWR TRUST

MEMO

Donna A Breslow

2032A

JB

JORDAN TYLER BRESLOW

319

511

DATE

12/30/2019

• DELIVERABLE COMPLETES
SPECIALTY BLUE INK SECURITY

PAY TO

MetLife

THE ORDER OF

Three Thousand Nine Hundred Seventy Seven

DOLLARS

⁷²/₁₀₀Heat
Reactive
Ink

BMT BRYN MAWR TRUST

MEMO

Initial Premium

2032A

JB



2020-14359-0000 9/2/2020 12:14 PM # 12844881
 Rcpt#2020-13-00212 Fee:\$290.00 Complaint Civil Action
 Exhibit Q (Public)
 MontCo Prothonotary

**Bank**

America's Most Convenient Bank®

COPY2
9

AB 01 007892 05417 B 24 A

JORDAN T BRESLOW
JONATHAN M BRESLOW
314 S HENDERSON RD UNIT G103
KING OF PRUSSIA, PA 19406-2449

To: JORDAN T BRESLOW

This letter serves as notification of the following Incoming Wire Transfer credited to account number *****7172 on 06/30/2020.
If you have any questions, please contact your nearest TD Bank Branch or call 1-800-YES-2000.

Amount:
Beneficiary:
Account Number:
Address:

\$77,189.23
JORDAN T BRESLOW

314 S HENDERSON RD UNIT G103
19406 KING OF PRUSSIA
UNITED STATES OF AMERICA US

Sender:
Bank Name:
ABA Number:
Reference Number:
Originator Bank:
Address:

JPMORGAN CHASE
021000021
2429913182FS
METROPOLITAN LIFE INSURANCE CO
METLIFE 200 PARK AVENUE
NEW YORK NY US
METROPOLITAN LIFE INSURANCE COMPANY
200 PARK AVENUE
10036 NEW YORK
UNITED STATES OF AMERICA//US

By Order Of:
Address:

Receiver Bank Name:
ABA Number:
FRB Incoming Confirmation Number:
Reference for Beneficiary:
Originator to Beneficiary:
Bank to Bank Information:
Miscellaneous Information:

TD BANK, NA
036001808
20200630C1B76E1C00497506301130FT03
0347A

THANK YOU FOR CHOOSING TD BANK.

Page 01



2020-14359-0000 9/2/2020 12:14 PM # 12844882
Rcpt#2020-13-00212 Fee:\$290.00 Complaint Civil Action
Exhibit R (Public)
MontCo Prothonotary



July 6, 2020

COPY

Jordan Breslow
200 W Washington St Apt 2609
Philadelphia PA 19106

RE: METROPOLITAN LIFE INSURANCE COMPANY
20-199-249150

Dear Jordan Breslow:

Thank you for contacting the Pennsylvania Insurance Department with your concerns.

I have carefully reviewed all of the information we have gathered from you and the insurance company for compliance with Pennsylvania Insurance Statutes and Regulations.

Metropolitan confirmed that on June 30, 2020, the correct death benefit of \$77,189.23 was forwarded to you. This amount included 3% interest, calculated from the date of death to the final date of payment and, \$15.00 reimbursement of the stopped payment fee.

We appreciate the opportunity to review your concern.

Thank you for bringing this matter to our attention and do not hesitate to contact me if you have any questions.

Sincerely,

Karen Gaskill
Compliance Investigator
717-705-0150



2020-14359-0000 9/2/2020 12:14 PM # 12844883
Receipt# 2020-13-00212 Fee: \$290.00 Complaint Civil Action
Exhibit S (Public)
MontCo Prothonotary

The Insurance Department's Bureau of Consumer Services reviews consumer complaints that may relate to the insurance laws of the Commonwealth. This letter is intended solely to provide you with the results of our efforts responding to your recent inquiry. It does not affect any other legal rights or remedies you may have, including any ability you may have to seek relief in court or some other forum. Further, be advised that this communication does not constitute an adjudication under the Administrative Agency Law.

signed:
JB
Jordan Breslow
8/20/2020